

ADJUSTMENT CENTERS FOR THE BLIND

**Findings of the
Spring Mill Conference
February 1951**

NEW YORK

AMERICAN FOUNDATION FOR THE BLIND, INC.

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**Findings of the
Spring Mill Conference
February 1951**

EDITED BY

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**AMERICAN FOUNDATION FOR THE BLIND, INC.
15 West 16th Street, New York 11, N. Y.**



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FOREWORD

To cosponsor the Workshop on Adjustment Centers for the Blind has been a privilege. It is one of the many ways our two agencies can by co-operative action create more opportunities for blind men and women throughout the nation.

The purpose of the workshop was to bring together and to set forth in a single document the best experience and thinking of technical personnel actively engaged in providing services to the blind through adjustment centers. By such means programs can be improved and more centers to serve the blind can be encouraged. It is our hope that publication of the findings will help answer many questions in the minds of those who contemplate establishing adjustment centers and be valuable and stimulating to those now operating such centers.

These findings describe a productive method for drawing the rich, practical experience of operating personnel into program planning. There will be, we hope, many more opportunities for utilizing such experience.

Statements appearing in the report represent the thinking of the workshop members and do not necessarily reflect the standards or policies of either sponsoring agency. The report is published as a service to agencies interested in the adjustment and rehabilitation of the blind. It is an expression of the mutual interest of our two agencies in advancing services nation-wide to all blind men and women.

On behalf of the Office of Vocational Rehabilitation and the American Foundation for the Blind, we wish to express appreciation to all those who participated in the workshop and contributed so generously of their talent and experience.

MARY E. SWITZER, *Director*
Office of Vocational Rehabilitation
Federal Security Agency
M. ROBERT BARNETT, *Executive Director*
American Foundation for the Blind

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INTRODUCTION

Adjustment to blindness and the most efficient use of remaining abilities is widely recognized as basic to all other efforts at rehabilitation of the blind. Over the years various methods have been employed to attain these goals but they are still not achieved by as many blind persons as desire or need them.

Out of the tribulations and sacrifices of war have come some notable advances in human welfare, and the crystallization of the idea of the adjustment center for the blind may be one of them. As developed by the army, the adjustment center was a place where many specialized skills could be concentrated on the needs of the newly blinded soldier. Expert instructors could provide intensive instruction in how to travel independently. Skilled psychologists and social workers could help the blind individual to reorganize his attitudes in a world now so changed by the fact of his blindness. There the efforts of psychologists and vocational counselors could be concentrated to help him discover which of his abilities were most worth cultivating because they held the best possibility of vocational success despite blindness. In such a center could be arranged almost a limitless number of activities which might help to better develop remaining abilities and thus fortify the blinded soldier with new interests and skills for successful living in a sighted world.

It was inevitable that with the end of World War II many agencies concerned with rehabilitation of the blind should want to employ whatever new methods that had been developed by the military services. The methods used by the army were designed to meet the needs of a group of recently blinded young men of approximately the same age and who had the common experience of losing their sight in the defense of the country in a time of great peril. These conditions did not prevail in many civilian agencies for the blind because the civilians were of different ages, lost sight in different ways and many had been blind for years before coming to the agency's attention. Nevertheless, within five years after the end of the war, over thirty centers for civilian blind were said to be in operation. Because of the extreme diversity in program content and methods represented in these centers, agencies

like the American Foundation for the Blind and the Office of Vocational Rehabilitation found it difficult to advise those seeking information on when and how to establish and operate an adjustment center. There was an evident need to reconcile some of the divergent theories and to distill out of these efforts and varied experiences the essential program for future centers.

It was to secure information for this purpose and to encourage more agreement on methods employed in adjustment centers that the two agencies decided to cosponsor a Workshop on Adjustment Centers for the Blind.

The purpose of the workshop was "to bring together personnel from all types of centers, and through intensive discussion of procedures and techniques to learn from each other and bring about as much unanimity on preferred procedures and techniques as may be possible." The workshop was limited to operating personnel from twelve different centers and met in Mitchell, Indiana, February 18-23, 1951. To simply report the printed findings of the several committees of the workshop is not to tell the whole story of this meeting, for who the members were and how they arrived at their findings tells much about the findings themselves and their significance in rehabilitation of the blind. It is not an everyday occurrence for people from so many different kinds of centers, with such varied experience to come forth with so much agreement as appears in the written findings of the workshop. To understand how they were able to incorporate their views and experiences into a workable program it is necessary to see in retrospect the intensive planning, the organization, the advance preparation, the atmosphere, and the discussion methods which these workers employed in producing the findings.

The statements drawn up by the various committees and presented as the findings of the workshop while fully accepted by its members may nevertheless appear incomplete to some readers who were not in attendance. For those who wish to make special use of the findings as well as all those who wish to understand them fully there is set forth in Chapter I a somewhat detailed chronology of the workshop—why it was limited to operating center personnel, how its members prepared for their work, how conclusions were reached, and how the reports of findings were finally set down. Those whose interest is primarily in the findings and not in the methods and thinking which lie back of them will want to turn directly to the written report of the workshop.

The twenty-nine members of the workshop were divided into seven committees each of which discussed one phase of the activities of a center. Within the committees there was much discussion and general agreement on the reports. Each committee report was read to the entire workshop, but it does not follow that every one of the twenty-nine participants would subscribe to every part of every committee report. It is fair to say, however, that the written reports represent a surprisingly large amount of collective thinking and agreement on the part of all those who took part in the workshop.

The findings comprise a comprehensive and fairly detailed statement of what should go into the planning and program content of adjustment centers and as such should be of great value to any agency concerned with the adjustment and rehabilitation of blind persons. The fact that they were developed by a group of workers with more collective experience in the operation of such centers than any group thus far assembled adds greatly to their practical value.

A distinguishing mark of the workshop from its inception to the presentation of final committee reports was the exceptional zeal and diligence of the participants who spent many hours in preparation, day after day in intensive discussion, and much effort in writing to produce findings that would be of value to all who are charged with the responsibility for rehabilitation of blind men and women.

THE CONFERENCE SETTING

IMPORTANCE OF ADJUSTMENT CENTERS

How important are adjustment centers in rehabilitation of the blind? In the spring of 1950 it appeared that the idea of adjustment centers was one of those emphasized by the war experience which held the most promise for rehabilitation of blind civilians, but to what extent had civilian agencies picked up where the army left off? Were civilians now getting the same opportunity for expert travel training for example as the boys who came through the army and navy programs? The first step in rehabilitation is adjustment and the development of remaining abilities, and the question was whether adjustment centers were the means for helping more and more blind people rehabilitate themselves.

Preliminary studies by the American Foundation for the Blind¹ indicated that there was much confusion even among workers for the blind on the whole concept of adjustment. Among those who were seriously trying to find better ways to bring about adjustment for more people were those agencies both public and private which had begun to establish adjustment centers. At least

¹ AFB Bulletin, July 1950, Adjustment Training Centers for the Blind in the United States. American Foundation for the Blind, New York.

thirty years earlier some agencies had successfully experimented with something resembling an adjustment center, but the war pressures had brought about the recasting of an old idea and perhaps now it was something that could become a mighty lever in opening the doors of opportunity to thousands more blind people.

Although it was said that more than thirty such centers existed, few of them could be called centers in the sense the army had employed the term because they were not comprehensive in scope or sufficiently intense in their activities. Just what were these centers accomplishing? What program of services were they providing? How much did they cost? How many of the blind did they reach? Were they doing the adjustment job adequately? These were questions for which no one had an answer. Casual inquiry revealed that agencies which operated adjustment centers felt they were doing something very progressive and were pleased with the results, but the centers varied so much that one wondered whether they all could be on the right track. Some were only short intensive summer courses for adults in schools for the blind; others extended the adjustment period as long as eleven months; some had their clients in residence and others did not; some concentrated on travel training to the exclusion of most other things; some accepted clients from many agencies; others served only clients from the state vocational rehabilitation agencies; some had consulting psychologists; some employed occupational therapists and others employed no special staff but used staff in the general agency for the blind to do the adjustment job.

SEARCH FOR INFORMATION ON CENTERS

The enthusiasm that ran through all of these programs, however, seemed to indicate that here was an important idea which if it could be clarified and refined might go far towards solving a fundamental problem in the rehabilitation of the blind. How could we learn what should be included in an adjustment center; how large should it be; whom should it serve; what kind of staff should it have? Where should we go for this information, for theories and opinions were plentiful but facts were scarce? The best and only authorities with practical experience were the people who were doing the job. Thus was begun the idea for a Workshop on Adjustment Centers for the Blind. It could bring together the people who day after day in their own particular way were bringing about adjustment in blind persons which their agencies thought was significant and worth-while. Would these people freely discuss their ideas; would they be willing to share their experiences? The sponsors of the workshop thought they would. How could we be sure that we would get from these people the best of their thinking? One means would be to limit participation to operating personnel; another would be to forego the use of outside consultants and rely entirely upon the contributions of the partici-

pants. These means fitted in well with the feeling that what was vitally needed at this stage in planning was a critical statement and evaluation of experience by the people with the most practical knowledge.

Invitations were jointly issued in September by the American Foundation for the Blind and the Office of Vocational Rehabilitation and the quick and enthusiastic acceptance was stimulating. In the minds of the sponsors, however, other questions soon arose. Could a group of people from programs that varied so much in concept, technique, terminology and volume of work really reach agreements in a few days? Would it be endless argument about "now we do it this way"? How could we distill out the best ideas from all centers and state some fundamental principles that could be used in developing more and better centers?

GROUP DYNAMICS

Conferences not infrequently fail to result in significant agreements or creative thinking and no one wanted to waste time on just another conference. Investigation revealed that there were specific reasons why some conferences fail while others result in new and important thinking. Mostly these failures lay in poor motivation, failure to provide participants with a proper role, and lack of scientifically determined discussion techniques. What the psychologists and educators called group dynamics—the art of thinking together—seemed to offer a technique for bringing out the creative wisdom of the group and assurance of maximum contributions from those in attendance. Since these were the very things most desired from this meeting, the best means of accomplishing them became from that point onward an adventure in the dynamics of cooperative working and thinking together. This then would need to be a conference that was different, and to emphasize that difference the term "workshop" was substituted for conference in all further planning.

So it was that those invited soon received booklets describing improved methods of group discussion;² how to be an effective leader of a discussion group; how to create the permissive atmosphere that would bring forth the maximum contributions from group members; how to be a democratic discussion leader. Such questions as how a group can constantly improve its discussion techniques and really bring about thinking that is superior to the total of what the individuals separately might do were distributed to committee chairmen and later distributed to all members of the workshop. Our faith was placed in effective group discussion techniques as the surest means of bringing forth the best thinking and experience of the entire group.

² Two Lessons in Group Dynamics: So You Appointed a Committee—When a Schoolman Runs a Conference. Educator's Washington Dispatch, Washington, D. C. New London, Conn. New York, N. Y.

ORGANIZATION OF THE WORKSHOP

An adjustment center involves many things and no one group could in a week's time discuss all of them adequately. The membership had therefore been divided into five basic committees which would consider fundamental portions of adjustment center activity.

Committee A was to tackle the problem of how an adjustment center could be fitted into an over-all program and what kind of advance planning was needed for the clients who were to attend a center.

Committee B was to consider program planning for an adjustment center and to recommend what should be included in a center's activities. This committee was also to discuss the staff and client relationships which all are agreed are often a vital part of the client's experience in a center.

Committee C would look at the various methods of teaching the blind to travel independently with a cane. In this area there has been considerable controversy on method and technique, and Committee C would attempt to reconcile those different ideas and outline a step by step program of instruction which could be used to teach travel in an adjustment center.

Committee D would study the problems the blind person had in meeting the demands of daily living; what kind of special problems did he have because of his blindness and how could they best be dealt with.

Committee E would inquire into the whole matter of how a blind person could be taught to make the maximum use of his remaining abilities. If hearing was now more important because of blindness, how could he be taught to make the most efficient use of his hearing and other abilities such as smell and tactual perception which might be pressed into service by a blind person for more effective living.

In addition, three joint committees made up of members of the other five committees would meet in the evenings and handle special problems. Committee F would systematically review the case records submitted by each of the centers participating in the workshop and see what could be learned from them. Committee G would act as umpire on the controversial subject of terminology and would try to keep the committees "speaking the same language." Chairmen of the various committees would make up Committee H—"Steering Committee"—which would have the responsibility for over-all coordination of the activities of the workshop.

ADVANCE PREPARATION

With this much advance organization of the workshop the dangers of the workshop being "just another conference" seemed to be less but the difficulty and magnitude of the problems assigned to each committee began to appear larger and larger. The question now was would the committees break down because of the difficulty of the assignments and what might be done to help

them achieve the goals that had been set. To help the committees think through the problems that had been assigned to them a list of three to fifteen questions was developed for each committee which was intended to stimulate and sharpen the thinking of the committee members.

Members of the workshop were being asked to do a great deal of work in a very limited time, and it was felt that advance preparation by members would enable them to accomplish more during the workshop itself. Consequently, chairmen were asked to make individual advance assignments to their members and each member was supplied an extensive bibliography relating to adjustment of the blind. Most of the chairmen made advance assignments and it was stimulating to note that when the workshop actually convened more than one member came with a sheaf of carefully typewritten notes. Another phase of the advance preparation illustrates how the idea of group thinking spread to others who were interested but not members of the workshop. Some adjustment centers held extra staff meetings in the evenings where their entire staffs reviewed the questions that had been posed for each committee, devised their own solutions, and sent their representative to the workshop well prepared to discuss those problems.

NEED FOR REFERENCE MATERIAL

In releasing bibliographies to all members of the workshop, the sponsors soon developed a haunting fear that this had not given the members of the workshop enough specific information on adjustment centers. So much was now expected of the workshop that supplying adequate reference material became a must. Two special projects were undertaken.

The American Foundation for the Blind began the systematic collection of case records from each of the centers participating in the workshop. To make these case records as representative as possible and to insure that they included records of failures as well as records of successes, three categories of records were requested. The first were those of clients who had been legally blind all their lives and who had no previous substantial work record and had made a favorable vocational and social adjustment following their experience in an adjustment center. In the second classification were records of clients who had become blind not more than five years prior to application for rehabilitation service and who made a favorable vocational and social adjustment. In the third classification were records of clients whose vocational and social adjustment was not successful. These records were collected, mimeographed and made available to all members of the workshop after all identifying material had been removed. This project provided members with more case records to study than had ever been assembled before on clients in adjustment centers.³

³ Copies available on loan, American Foundation for the Blind, Library.

The second project was undertaken by the Office of Vocational Rehabilitation to supply a detailed description of nine adjustment centers. Over one-hundred questions were prepared on almost every phase of adjustment center activity. A staff member from the Services for the Blind Branch was then sent to seven of the nine centers to ask the same questions of each one and in the same order. Answers were carefully recorded. Two other centers were supplied the questions and asked to prepare their own answers without the help of an interviewer. All this material was then mimeographed, bound, and distributed to members of the workshop so that each member had at hand a rather complete description of nine different centers. The information was so arranged that it was possible to compare any one of the nine centers with any other one on any particular point involved in a center's program. This study more than any other reflected the tremendous divergence in theory, technique, and practice among the various centers.³

SUMMARY OF PREPARATION

As the date for the workshop approached, members had not only their own experience to draw upon but had been engaged in advance study and preparation including in a number of cases staff meetings in their centers which considered the agenda of the workshop. They had available to them accurate descriptions of nine centers and a volume of case records from twelve centers. In addition they were coached on the principles of group dynamics which it was hoped would prove of great assistance in reconciling differing opinions.

SETTING FOR THE WORKSHOP

In the meantime, arrangements had been made for the workshop to meet in a delightful little hotel in a state park in southern Indiana. Not only was this place centrally located but it had the great added advantage of being comfortable but isolated with no movies and few other things to distract the members. Here for six days and nights there would be little else to do but think and talk about adjustment centers for the blind.

OPERATION AND RESULTS

The workshop convened with a simple announcement that there would be no speeches. Instead the procedures and objectives were explained, questions were answered, and the committees went immediately to work. Underlying all of this was the attitude of the sponsors that "what is important in this workshop is the participants. It is what they have to give that is important, not what we think should come out of the workshop." The members

quickly adopted the attitude that "we are cooperatively seeking to find how what we have experienced can be most useful in the future."

To help the committees in their work a service team made up of one person each from the American Foundation for the Blind and the Office of Vocational Rehabilitation and two stenographers were available throughout the week. At the end of each day each committee dictated a brief resume of its progress. These in turn were collected, mimeographed, and issued to the entire group at breakfast time the following morning. As a result of these daily reports, the committees cleared with each other when they had questions, suggestions, or occasional objections to what another committee had reported.

Committees A through E met from 9:00 in the morning until 4:30 daily. The joint committees met in the evening from 8:00 to 10:00 but animated discussions went on most of the time both in and out of committees. Reference material had been made available by the sponsors and text books, treatises, and unabridged dictionaries were frequently put to use when the committees tried to express the conclusions they had reached through earnest discussion. An experienced group observer was used in turn by the committees to help them improve their discussion methods. The travel trainers began to reconcile their disagreements and even to settle some points on how a blind person should negotiate a set of stairs by adjourning the whole committee to the hall stairway much to the amusement of the other committees.

By Thursday night each committee was in the throes of trying to put on paper the best of all it had discussed in the previous five days. Basic content had been well agreed upon but there was little time for polished writing because each of the committee reports was due to be presented to the entire group on Friday. Under this kind of pressure the findings were finally written down. They were read and briefly discussed on Friday and with minor changes were accepted by the whole group as the findings of the workshop.

These findings will take on more meaning and be more useful as the reader relates them to the long period of planning, preparation, and finally the intensity of the effort which produced them. The extensive agreement achieved by participants who represent so much collective experience adds to their significance.

In retrospect this workshop stands as a clear example of what can be accomplished in program planning when those with the most operating experience are consulted, importance is attached to what they think, and they are supplied with the methods and materials for creative work.

ORGANIZING AN ADJUSTMENT CENTER FOR BLIND PEOPLE

Committee A was asked to consider the overall question of "Fitting an adjustment center into an overall program and coordinating services for admission of clients". As a basis for its considerations the following questions were suggested:

1. When is a center needed?
 2. How large should it be?
 3. What area should it serve?
 4. How can proper cost be determined?
 5. What kind of housing is most desirable?
 6. What should a center accomplish?
 7. How should the staff be selected and trained?
 8. When is a center not advisable?
 9. What relationship should exist between the center and the general rehabilitation program?
 10. What relationship should exist between the center and the school for the blind?
 11. What degree of blindness should be used as a criteria in selecting clients for the center?
 12. How should the training of the totally blind and the partially seeing be differentiated?
 13. What kind of data is necessary for admission—medical, psychological, social?
 14. What use should be made of inter-agency conferences in selection, discharge and future plans?
 15. What orientation concerning the center should the client receive before admission?
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Joint sponsorship by two national agencies, the American Foundation for the Blind and the Office of Vocational Rehabilitation, Federal Security Agency, of a workshop on "Adjustment Centers for the Blind" is evidence of the mounting interest in improving the welfare of blind people. With the establishment in 1944 of a convalescent center for the war blinded at Avon, Connecticut, interest in centers for civilian blind persons began to spread. Two civilian centers were opened in North Carolina and Florida in 1945 and 1946. Upwards of a dozen have been established under either public or private auspices since that time. Throughout the literature of the various professions and for public consumption advocates of the movement have enlisted additional support. By 1950, this growing interest had manifested itself as a part of federal legislation which passed the Senate without a dissenting vote in September of that year. (S. 4051)

One cannot help but ask "What conditions gave rise to this sudden nation-wide movement in programs for the blind?" After all, programs for the blind have been in operation for well over a century. Why was it that adjustment training centers for the blind were not established in the United States until 1945? It seems apparent that adjustment centers are not the result of a single act or condition but rather the work of an evolutionary process with further developments yet to come. Among the several conditions which have contributed to the emergence of such centers for blind people are the following: advancement of knowledge, manpower needs of World War II, weaknesses of existing programs, Public Law 113, and military demonstrations.

Through science, research and the professions, we have advanced markedly our understanding of man and society. This advancement of knowledge has reflected itself in increased understanding of the problems and needs of blind people and the techniques and ways of assisting the blind to live in a sighted world.

All-out mobilization during World War II forced society and industry to utilize our manpower reserve. The manpower shortage resulting from increasing our military forces and expanding production at the same time provided employment opportunities for the blind people unheralded in the history of our nation. The enviable record of blind labor during this period contributed to an increased acceptance of the productive potentialities of the blind worker.

As more and more blind people became absorbed in the competitive labor market, the relative ineffectiveness of services to the blind began to be reflected in the problems encountered by blind workers in the work-a-day world. Although the blind as a group were easily and readily trained to perform the tasks of a wide variety of jobs our programs had failed to prepare them adequately to perform the non-vocational demands of daily living required of all workers in a sighted world. The result was that the productive capacities of many blind people were never used—not because they could not

perform the duties of the job, but because we have neglected to prepare blind people to assume a new role in our society.

The enactment of Public Law 113 in 1943 established a national program for the vocational rehabilitation of the blind. This program provided, at least to some extent, increased financial support to permit private and public agencies to extend or establish more effective services to prepare blind people for employment.

Public interest and concern for the war-injured gave rise to the establishment of retraining centers for the blind by both the Army and the Navy. Capitalizing on developments in work for the blind and with unlimited resources at their command, these centers demonstrated what might be accomplished through a concentrated and systematic retraining program for the war blinded. Perhaps these centers in epitomizing advancements in work for the blind exerted the most vital and direct influence in advancing adjustment centers for the civilian blind.

In spite of the wide-spread interest in adjustment centers for the blind one cannot fail to recognize that the basic aims of a half century of work for the blind remain relatively unchanged. Throughout this period of history programs for the blind have been directing their efforts towards assisting blind people to:

1. accept in themselves the fact of blindness and face it in a realistic way;
2. become efficient in the use of special tools and techniques developed for the blind;
3. achieve some means or degree of financial support through work;
4. cope with any common human frailties which, in addition to blindness, confront any given blind person.

The programs of adjustment centers for the blind are directed toward the attainment of these basic aims, through a new concentration of facilities and skills.

CHARACTERISTICS OF AN ADJUSTMENT CENTER

As a new movement gets under way there is bound to be a wide diversity of program content, methods and techniques. The many adjustment centers for the blind are no exception. A more careful examination of existing programs reveals however, certain basic elements and characteristics which are common to all adjustment centers. These common elements may be identified as follows:

1. A concentrated, individualized program for each client
2. The nucleus, at least, of a full-time staff

3. The evaluation, through a "team" approach, of the individual as a total personality
4. Opportunity for participation in a group as a motivating and learning device
5. An organized and systematic program to
 - a. assist each individual to acquire efficiency in the special techniques necessary to perform the demands of daily living;
 - b. help each individual gain insight into his physical, psycho-social and vocational needs;
 - c. provide exploratory or try-out work experiences to
 - (1) demonstrate the wide variety of tasks each individual can perform;
 - (2) more thoroughly evaluate the aptitudes and skills of each individual;
 - (3) train each individual to perform certain household tasks;
 - (4) develop desirable work habits and attitudes.
6. There is a terminal point for each individual in the center program
7. There is a consolidation of the program experiences by the "team" to form the basis for future planning with each individual.

WHOM SHOULD THE ADJUSTMENT CENTER SERVE

At first glance it would seem that the obvious answer would be the blind. However, it is equally apparent that persons classified as blind are not all totally without sight. It appears that an adjustment center should serve any person—

1. with a visual limitation within the legal definition of blindness, or with a relatively certain prognosis of eventual blindness, or with a greater degree of vision if the impairment of vision is the primary need for selected service (s) and such service (s) is not readily available elsewhere;
2. who is about 16 years of age or over;
3. who is in a position to profit from one or more services of the adjustment center.

It is recognized that some minimum age appears necessary and desirable. An adjustment center should not assume responsibility for the functions assigned to the public educational system or schools for the blind. During summer vacations certain students may profit from selected services of an adjustment center. Finally, experience indicates that except when required by state law or legislation, the center should not limit its clientele to clients of the state rehabilitation agency or any other fee paying agency.

PLANNING FOR AN ADJUSTMENT CENTER

In view of the wide-spread interest in adjustment centers for the blind, it is reasonable to assume that some agencies, organizations and communities may be considering plans for establishing such a center. Although no individual or agency can set forth a single blueprint applicable to all situations, nevertheless, some experience has been accumulated which may be helpful to those interested in exploring this subject. The material which follows is suggestive rather than all inclusive.

Community Organization

The large variety of public and voluntary agencies extending services to blind people makes it axiomatic that the community organization (team work) approach be utilized in investigating the role, need and organization of an adjustment center. Experience indicated that this approach facilitates a more accurate determination of need, creates a more thorough understanding of the purpose of a center and the use which might be made of the center by the several agencies, and stimulates the securing of financial support. In other words, participation increases a feeling of being a part of planning, using and supporting community action.

Need

As in planning for any program or facility, consideration must be given to the need for such a center. Among the various factors which should receive attention are the following:

1. The geographic area to be served.
2. A determination of the blind population within the area. It is recognized that accurate data on the number of blind people in an area is unavailable. Nevertheless, sufficient information on the incidence of blindness has been secured to arrive at a relatively accurate estimation as to the number of blind people.
3. Age, sex and other characteristics of the blind population. Information of this nature is necessary in determining need and provides insight into some of the provisions which will influence the character of the program of the center.

Potential Users

Generally speaking, practically all blind people require training in the use of special tools and in the techniques for meeting the demands of daily living. Regardless of this fact, not all blind people will either want to use or will use the services of such centers. At this stage in the center movement, certain factors and conditions shed some light on this problem as it relates

to the use of the center for those blind who are potentially employable and/or for the use of all blind people.

In view of the existence of a national program for the vocational rehabilitation of the blind, certain centers have been established solely for the use of potentially employable blind. When this restrictive policy is observed, it should be noted that only from 15 to 25 percent of the blind population are considered potentially employable. Of this employable group, experienced center administrators estimate that from 10 to 40 percent are potential users of a center program.

As has already been indicated, practically all blind people require some type or degree of training to live in a sighted world. However, if the services are to be extended to all blind people, regardless of their present or future employability, then it should be noted that:

1. approximately 60 percent of all blind people are 60 years of age or older;
2. the majority of blind people become blind in later life and this fact may accentuate their need for assistance in acquiring the special techniques to perform the demands of daily living;
3. not all of the people of this group will attend a center regardless of its location.

Insofar as possible, it is urged that the community organization approach be utilized in determining and selecting the one agency to be responsible for the administration and operation of the center.

Minimum Standards

Enrollment:—Experience has demonstrated that the minimum enrollment for a center be eight or more at all times. It should be noted that some centers have encountered difficulty in maintaining this minimum.

Staff:—It appears that one full-time professional person should be employed for each 2 or 3 clients, plus necessary clerical and service personnel.

Equipment:—The type and amount of equipment will vary with residential and non-residential centers; and whether such center is directly affiliated with another agency, such as a workshop or state school.

Finances

Although provisions for sound and adequate financial support is a basic requisite for the establishment of an adjustment center, certain factors appear to warrant special consideration.

No center should depend upon fees from other agencies for its sole means of financial support.

Sufficient funds to cover operating expenses for one year should be ready and available at the time the center is to be opened.

In a state or publicly operated program, it is essential that a direct legislative appropriation be secured for the center.

NUMBER OF CENTERS

Among those engaged in work for the blind the question is frequently raised "should there be a large number of small centers, a few large ones or many small centers and one national center?" The establishment of adjustment centers has been of too recent origin to suggest adequate answers to these questions. Any attempt to offer suggestions at the present stage of development would be entirely premature. In view of the wide variety in program content, techniques and methods employed, it is apparent that there is an urgent need for national leadership in research to test and to evaluate current practices and to develop sound methods which can be made available to all centers.

As an alternate proposal, it seems possible to propose at this time, the size of a center which would permit an optimum program of experiences and still retain the necessary individualized attention which might be operated at a minimum per capita cost. Such a center would in general require a minimum staff of eighteen full-time professional personnel capable of serving a continuing enrollment of forty blind people. The full-time professional staff should include the following:

- 1 Psychologist
- 1 Occupational therapist
- 2 Social workers
- 1 Vocational counsellor
- 1 Corrective therapist
- 12 Teachers, work instructors, travel trainers, etc.

It would also be necessary to have available to this basic professional staff consultant service from medicine, psychiatry, audiology and other professional fields. In addition to professional and consulting staff, clerical and service personnel would be required.

It appears that the above basic staff would be necessary whether the center is operated on a residential or non-residential basis. Some modification might be made if the center is an integral part of an agency program such as a workshop or school which might make professional personnel available for use by the center.

RESIDENTIAL OR NON-RESIDENTIAL CENTERS

Residential and non-residential centers are now being operated. Many factors, no doubt, were taken into consideration in determining whether centers were to be of a residential or non-residential type. Local circumstances and availability of financial and community resources are frequently the determining factors. Recognizing that variation is necessary, there are certain advantages in either type of center.

Residential

The residential center for blind people provides increased opportunity for:

- observing and training in performing the demands of daily living;
- a planned and extended recreational program;
- personal status and the assuming of social responsibilities through group self-government;
- expanding social experience by living with persons other than members of an immediate family;
- improving general health through adequate nutrition and health services.

Non-Residential

The non-residential center provides opportunities for the center staff to work with the individual and the family at home simultaneously.

It permits each blind person to continue to live in a more normal and social, work situation.

It provides opportunities for improving at least in part, general health through adequate nutrition and health services.

It minimizes the negative results associated with a twenty-four day segregated environment.

It may be less expensive to operate than a residential center.

Advantages of a Center Being a Part of a Large Agency

A center, whether residential or non-residential, may be affiliated with other agencies such as workshops, schools for the blind, general rehabilitation centers, or other established social agencies. It is imperative, however, that when associated with any other agency, the adjustment center must have a specific allocation of space, a definite specialized staff, and clear recognition that the center is a separate and distinct unit of the agency. This requirement does not imply that no use can or should be made of the personnel or facilities of the other units of the agency. There are two major advantages

in having a center affiliated with another agency. First, it provides an opportunity to utilize an extended range of personal services and facilities at minimum expense. Secondly, it permits the blind person to associate with a larger and more varied group of people.

PREPARATION FOR ENTRANCE TO A CENTER

The importance and need for adequate preparation before a blind person reaches a center cannot be emphasized too strongly. Only through adequate preparation can the blind person receive the maximum value of center experiences. This preparation must include as a minimum, the preparation of the client, the preparation of the family, the preparation of other interested agencies and the preparation of the center for receiving the client.

Preparation of Client

In preparing the client for entering the center it is important that the procedure conform to accepted casework technique. Care must be exercised to refrain from giving him any false conception of benefits he will derive from an adjustment center. He should be made acquainted with

1. the facilities of the center;
2. its purpose;
3. how it might fit his needs;
4. the responsibilities the client will assume;
5. what responsibilities the agency will assume; and
6. what financial arrangements are being made at the center and at home.

Preparation of Family

The preparation necessary for the client is equally necessary for the family. Interpretation should be made to the family of its role in the program of adjustment for the client.

Preparation of Center

Before a blind person is sent to an adjustment center, the following minimum information should be on hand at least one week before entrance.

1. The results of general medical, ophthalmological and audiometric examinations, and where indicated by the general medical, such additional specialty examinations as may be necessary.
2. Complete case study data concerning
 - a. physical characteristics
 - b. employment history
 - c. educational history

- d. family composition, standards of living, community size and resources
- e. a brief identification of problems, needs and potentialities.

Immediately following the receipt of this information, the center director should assume responsibility for presenting it to the professional staff. In the presentation of this information, its confidential nature must be respected in accordance with professional standards.

Preparation of Other Interested Agencies

Preparation of other interested agencies requires arriving at a clear-cut and mutual understanding of the specific responsibilities of each agency including the method for the carrying out of these responsibilities. It also is important in increasing the interest and understanding of other agencies in the total program of work for the blind.

RELATIONSHIP BETWEEN A CENTER AND OTHER AGENCIES

1. It is necessary that cordial relations should exist between adjustment centers and other agencies. An essential element in developing these relationships is the recognition that adjustment centers are but one part of a total program of work for the blind.

2. In order to maintain cordial relations it is essential that there be no divided responsibility in the control of the center on intake or administration. Contractual agreements with other agencies can further working relations provided such agreements do not give any other agency quasi-control of any part of the center program.

3. Cordial relations depend very largely upon a continuous, systematic, well established practice of communication between agencies, so each agency is currently informed of the status of the client's progress and other pertinent information of the center's program.

4. Cordial relations are furthered as the adjustment center works with other agencies for the blind on the problems common to all of them such as case finding, proper referrals and securing employer acceptance of employable blind people.

ADJUSTMENT CENTER PROGRAM

Committee B had two closely related subjects for consideration, "The Center Program and Dynamic Client-Staff Relationships". Its agenda was as follows:

1. What courses, activities and services should be included in a center under the headings of social, educational, technical, psychological, housing, and what definite goals and progressive steps should be set for each?
2. What is a typical time schedule which would illustrate the distribution of a client's time throughout his stay at the center?
3. How can flexibility be obtained without sacrificing orderly procedure?
4. How can an individual's program be kept in balance?
5. What differentiation in service is indicated for the totally blind and the partially sighted?
6. What procedure should be followed in inducting a client into the center program?
7. What procedure should be followed in preparing the client for discharge from the center?
8. What use should be made of staff conferences for:
 - a. continuing diagnosis
 - b. continuing evaluation of program
 - c. handling of problem cases
 - d. program development
 - e. recreation
9. How should group discussions be used?
10. What other means are available for effectively developing dynamic client-staff relationships?
11. What system of progress and final reports on each client is preferred?

CENTER PROGRAM

In the adjustment center program the goal should be the maximum development of each individual within the limits of the length of the course. So that this development can reach its maximum, certain courses, activities and services are outlined. In developing this program, the Committee took several practical matters into consideration. Since the adjustment of the blind person is an individual matter, there are limitations placed on the staff and physical plant. Added to this there is a variance among centers as to the physical facilities available, program, staff and the capacity for serving clients. That these individual needs of the clients in an adjustment center can be met, it is felt that every center should offer all or nearly all of the following program:

Courses

Braille	Personal grooming and table etiquette
Typing and transcribing	Group discussions
Grammar and spelling	Script writing
Crafts	Communication skills
Arithmetic and the use of money	Household mechanics
Home economics	Shop and work performance
Sewing	Personality and social adjustment
Laundry	Safety and first aid
Orientation and travel	History of Blindness, Agencies for
Mental and physical hygiene	the Blind and Legislation for the
Corrective therapy	Blind

Activities

Field trips	Recreation (dances, hikes, swimming,
Student government	concerts, picnics, parties).
Church activities	

Services

Testing	Counselling
Housing	Laundry
Medical care	

The adjustment center should operate eight hours per day, five instruction days per week, for a minimum duration of four months, with individual extensions possible up to a maximum of eleven months. A typical daily schedule to illustrate the distribution of a client's time throughout his stay at the center is as follows:

7:00 a.m.—arise

8:00 a.m.—breakfast

9:00 to 12:00—classes

12:30—lunch

2:00 to 5:00—classes

7:00 to 9:00 p.m. approximately, should be devoted to supervised recreation or discussion groups, except for one evening a week when that period is used for personal needs.

On Saturday from 9:00 to 12:00 a.m.—housekeeping.

Saturday afternoon and Sunday—planned activities.

This schedule, of course, needs to be modified if the center is non-residential.

Courses

The Committee feels that because there are considerable differences in needs among the clients, the center should distribute an individual client's time according to his needs and objectives. Nevertheless certain courses are considered essential for every client. These are as follows:

Orientation and travel—5 hours per week

Crafts—4 hours per week

Personal grooming and table etiquette—1 to 2 hours per week

Shop and work performance—5 to 20 hours per week

Personality and social adjustment—5 hours per week

Group discussions—2 to 5 hours per week

History of blindness, agencies for the blind, and legislation for the blind—1 hour per week

Mental and physical hygiene—1 hour per week

Laundry—2 hours per week

Safety and first aid—1 to 3 hours per week

The following courses are elective. The suggested number of hours for each course are the maximum per week and should be adjusted to the needs of the client.

<i>Course</i>	<i>Suggested Maximum Hours Per Week</i>
Braille	5
Typing and transcribing	5
Grammar and spelling	1
Arithmetic and the use of money	1
Home Economics	4
Sewing	4
Corrective therapy	1
Script writing	1

Communication skills	1
Household mechanics	5

Activities

Since the various activities of the center are as important to the adjustment of the blind person as the more formal courses of study just outlined, the following schedule of the distribution of time is suggested for each:

Field trips	2-4 trips per month
Student government	Minimum 1 meeting per week
Church activities	Optional
Recreation	Minimum 10 hours per week

Services

Testing: It may be found that the information obtained from diagnostic testing prior to client's admission to the center may be valuable to the center staff in executing plans for the client. However, the services of a competent person at the center may be found useful in confirming results of previous tests and in dealing with problems which result after the client is admitted.

Housing: In making this report, the Committee assumes that the center will be resident. The Committee recognizes that regulations or policies must be used to insure acceptable conduct of clients in their residence. It is suggested that clients assume self-governing responsibility in their residence.

Medical care: The committee recommends that adequate medical services be made available. A definite program for maintaining health of clients should be formulated and carried out through the services of a registered nurse and physician, either full or part-time, depending upon the prevailing situation. Facilities should be provided for emergency and first-aid treatment.

It is assumed that the referring agency will provide the center with client's general medical report and ophthalmologist's report prior to admission. These examinations should be given to the client within one month prior to his admission to the center.

Counseling: Because of its great importance it is recommended that counseling services be made available to clients by a competent full-time counselor.

Laundry: Laundry facilities should be made available for client's personal use. Such facilities should include a minimum of a washing machine, power dryer, and mangle.

Program Flexibility

Flexibility in the above outlined program may be obtained without sacrificing orderly procedure. While there must be a general schedule of instruction going on all the time, there has to be a schedule for an individual that will meet his needs in line with his capacities, his previous experience

and his objective. This will vary in many ways; for example, in the beginning while a client's preliminary diagnostic tests are being made he will not meet regular classes, and then again at the close during job tryouts; but the other clients will be meeting a definite schedule. There must be an appropriate schedule for each individual. For example, a braille class may be meeting each day at a certain time and a certain place but the individual who has completed braille or doesn't need it may be assigned something that would be more profitable to him. Again, this must be decided by the staff, based on conferences and an individual's progress reports.

Program Balance

An individual's program may be kept in balance through the use of a schedule which will be of maximum benefit to him. The formulation of such a schedule will be made apparent through consideration of progress reports, the use of staff conferences, and the consideration of diagnostic reports and proposed objectives.

Program—Blind and Partially Sighted

It will be found in any adjustment training program that there has to be a variance in the program for trainees according to their degree of vision, prognosis and date of onset of blindness. For example, a client who has an effective use of his vision would not need the same instruction for travel and use of the cane as a totally blind person, but this same client may need more personal adjustment or typing or workshop than some totally blind individual, depending upon previous experience and adjustment objectives. The same may be found to be true in the case of a person who is congenitally blind or a person who is in the process of losing his sight. It will vary again in the case of the newly blinded. Consequently a program must be flexible enough to meet the needs of both the totally blind and the partially sighted individual.

Client Introduction to Center

The introduction of the client to the center and to the program is of utmost importance since his first impressions are the most lasting. All preliminary reports of the client should be reviewed very carefully by the person who interviews him upon his arrival at the center. The first few days should be taken up by a free program of orientation to the center, both the physical plant and the program. When more experienced trainees are available, the new client should be assigned to a trainee whose interest and background most closely parallel his own and through this trainee he will soon become familiar with the various classrooms and extra curricular opportunities provided by the center. A similar procedure can be adopted for use by centers that service clients who enter in groups.

Discharge of Client from Center

When, through staff conferences, it is determined that a client is prepared to accept vocational training or placement, definite plans are made for his discharge. If the counselor, or the referral agency, concurs in the findings of the staff, the trainee is then called in for a personal conference at which time his entire progress is reviewed with him. At this conference also is ascertained his understanding of his future plans made by the referral agency. The definite time of departure is agreed upon, and transportation arrangements are made. Any necessary notification to his family, cooperating person or agency, is sent. It is very important that the trainee have a thorough understanding of his future plans and that he is satisfied in his own mind that he is ready for the next step in his rehabilitation program.

DYNAMIC STAFF-CLIENT RELATIONSHIP

The first and most important step in effectively developing dynamic staff-client relationships is the selection of a staff. The staff should have a genuine human interest in the problems of the blind and a sincere desire to see the clients attain the most acceptable adjustment. The staff should not be text book rigorists, but persons primarily interested in the real human dynamics of mal-adjusted individuals. A high degree of close cooperation should exist between the clients and the staff.

In developing dynamic staff-client relationships it is important to remember that all human beings have certain basic needs which can be appealed to in developing inter-personal relationships. These needs will include security, recognition, opportunity for expression, need for acceptance or belonging, etc. Suggested methods for fulfilling these needs and simultaneously developing effective staff-client relationships are:

- Comradeship between staff and clients
- Joint activities for clients and staff (parties, picnics, etc.)
- Particular attention to client's personal problems
- Keeping all promises
- Commendation of client when justified
- Fair treatment

Use of client's name

Common dining room and food for clients and staff

Monthly birthday party for all clients having birthdays in that month

Gripe sessions

Social visits to staff quarters

Special privileges when justified

Maximum participation in management by clients through their own governing body

Opportunity for freedom of choice of projects, etc.

Staff Conferences

As indicated throughout this report, the committee cannot overemphasize the importance of staff conferences. Since an adjustment training program has to be flexible for individuals it may also become unbalanced unless definite plans for staff conferences are made to (1) continue the diagnosis of individual cases, (2) continue the evaluation of the program, (3) handle problem cases, (4) program development, and (5) recreation. Through this means each member of the staff will know the problems others are having with individual cases and the superintendent or director will also be in a position to evaluate the program. It cannot be overemphasized that an adjustment training program should not be a static one; therefore, a minimum of one staff conference each week would be necessary to see that the program continues to be flexible and the problems of individual cases met. This would also afford a means for each staff member to contribute suggestions and ideas and otherwise coordinate the program.

Group Discussions

Group discussions, because of their lack of formality and the close resemblance to the every-day experiences which must later be confronted by the client, are most valuable to the adjustment processes. Specifically, they might be used for (1) imparting general information, (2) evaluating individual's attitudes, (3) consideration of problems of the group or of the blind in general, (4) presentation of lecture materials and preliminary instruction materials, (5) maintaining motivation of the group and providing an opportunity for participation and recognition, (6) to determine the existing relationships among clients, (7) to provide a means for the clients to exchange experiences growing out of their blindness, especially their embarrassing moments.

It is suggested by the committee that extensive preparation be made before the group discussion, that the topics be selected and assigned in advance and leaders selected either from clients, staff members, or visiting persons.

PROGRESS AND FINAL REPORTS ON CLIENTS

It is recommended that narrative monthly progress reports be prepared and forwarded to the referral agency. With termination of the client the center should prepare and submit a final case summary with conclusions, recommendations and prognosis.

TRAVEL TECHNIQUES

Committee C was given the responsibility of developing a manual which outlines actual lesson plans for use in teaching physical orientation and travel techniques in an adjustment center. The agenda was as follows:

1. Prepare a step-by-step training procedure for instruction in travel.
2. Outline the factors in the selection of clients and interpretation of the center program before admission which are necessary for successful travel training in the center.
3. Set forth the differentiation in program insofar as travel is concerned for the following:
 - a. the totally blind
 - b. the partially sighted
 - c. clients with impaired hearing
 - d. cases where blindness is complicated by other disabilities.

THE TRAINER

Basic to all training in physical orientation and travel techniques is the preparation of the trainer. He should have the following characteristics:

1. He should have some experience in physical education, a knowledge of the anatomy of the body, some psychology and some idea of the techniques involved in teaching. In addition, an ability to establish not only rapport, but also empathy.
2. The trainer, if sighted, should be able to call on a well-trained blind person for (1) confidence and morale building in the client, (2) a demonstration of the more precise abilities of a blind person.
3. These two points are especially important in the preliminary train-

ing in foot travel.

4. The trainer, if blind, should be able to call upon a sighted instructor for assistance, to check appearance, posture, gait, poise and continued employment of the technique by the client.
5. The trainer should, in all cases, be taught the technique as a blind person.
6. The blind instructor should be well trained in accepted travel techniques. A good blind traveler does not necessarily mean a good travel instructor.

THE CLIENT

Before actual training begins, as outlined in this report, the client shall have a period of general observation to determine his travel ability, and physical orientation to help determine the psychological time to begin formalized travel instruction and to determine the client's physical capacity for formalized foot travel.

The Committee recognizes that there are various methods of foot travel for the blind. Because of the highly specialized techniques involved in the training for travel with a guide dog, this was not considered by the Committee. Electronic devices for foot travel are still in the experimental stage and therefore were not given detailed consideration. This report therefore discusses the following:

1. Physical orientation (syllabus)
2. Cane technique (syllabus)
 - a. Indoor technique—variations for partially sighted and other disabilities
 - b. Outdoor technique—variations for partially sighted and other disabilities
3. Sighted guide (syllabus)
 - a. variation for partially sighted and other disabilities

PHYSICAL ORIENTATION

LESSON 1

Purpose:

To orient the client to the facilities.

Objectives:

- a. Relationship of various parts of the area
- b. Reference points
- c. Routes

Procedure:

1. Verbal instructions, use of models when feasible, detailed examination with instructor and detailed examination without the instructor.
2. Acquaint the client with how to use all olfactory, auditory and kinesthetic senses. Call attention to wind currents, any other clues present in the environment.
3. Acquaint client with reference points, distance between them.
4. Teach directions of different routes.

LESSON 2**Purpose:**

To orient the client to travel safely and with poise.

Objectives:

1. To acquaint the client with the basic rules of safety as he travels indoors.
2. Caution client against possible safety hazards.
3. Show client how to travel in a relaxed and graceful manner.

Procedures:

1. Impress upon the client the necessity of keeping to the right.
2. Show the client how to utilize his arm for protection.
3. Demonstrate how to carry lighted cigarettes, glassware and other articles that could be dangerous.
4. Client should be taught to keep things in their place.
5. Client should be acquainted with fire regulations and cautioned on how to approach danger areas.
6. The client should know how to stoop properly.

Check List for Physical Orientation

1. Does the client observe basic rules of safety and adhere to safe practices at all times?
2. Does the client maintain proper body posture?
3. Does the client walk with a steady and assured manner?
4. Does the client walk and make turns without faltering?
5. Does the client use points of reference effectively?

LESSON 3**Purpose:**

To increase the client's awareness of sensory cues of aid in physical orientation and to provide the client with exercises for developing the use of his senses to improve his physical orientation and ability to travel alone.

Note: If the client has any amount of usable residual vision, he should be blindfolded during his participation in the exercises set forth below.

Specific objectives:

To increase the client's awareness of the importance of auditory localization in physical orientation and to provide him with exercises to develop his ability to localize sound.

Procedures:

1. Talk to the client from a distance of about five feet and ask him to approach you and place his hand on you while you continue to talk. Repeat the procedure at varying distances. Talk to the client from a distance of about five feet and ask him to approach and place his hand on you; but cease talking as soon as he begins to move in your direction. Repeat the procedure at varying distances. Allow the client ample opportunity to practice these exercises.

Caution: Do not be satisfied with the client's pointing to you instead of approaching and touching you, as pointing will not enable him to adequately appraise the degree of his error and to appreciate the extent of improvement that may result with practice.

2. Instruct the client to walk along the center of a sidewalk in an area where the building line is regular and immediately adjacent to the sidewalk, and where a large recess in the building line exists. One tapping repeatedly will provide him with a device to create a regular clicking sound. Point out to the client that, as he moves along a building line, the refraction of the sound which he is setting up should enable him to sense the presence of a building line. An interruption in the building line or a marked change in its distance from his movement will result in a change in the quality of the sound.

There will be increased echo as the building line falls back into a recess, reduced echo as the building line protrudes, toward his line of movement, and an absence of any sense of echo at point of refraction where the building line ends. Instruct the client to walk up and down the sidewalk and to stop as he comes to the end of the building line at one end of his course of movement, and to stop at any recess in his course of movement.

Afford the client opportunity to practice these exercises extensively, under supervision, until he is clearly aware of the changes in the quality of the sound he sets up which is affected by the changes in the building line along which he is moving or until it is clearly established that he is unable—perhaps because of a hearing defect—to detect the sound quality involved.

Caution: To begin with, conduct the foregoing exercise at a time when

the noises in the street are likely not to be distracting and when there are no special sounds emanating from the vicinity of the recess or the end of the building line.

3. If the client has found that he is able to detect the proximity of large objects, as indicated by his ability to detect changes in a building line, instruct him to indicate when he thinks he is passing a pole, tree, hydrant or similar object, as he walks along a sidewalk. Do not ask him to discriminate as to what objects he may be passing; but request him merely to indicate when he thinks he is passing an object.

Continue this exercise until the client is satisfied that he possesses the ability to detect the proximity of fairly large objects with sufficient accuracy to serve as an aid to his avoidance of unnecessary collisions in traveling.

Note: Another example of a sensory test—have the trainer walk around in a large area and test the client to see if he can walk and follow the trainer by the sound of his footsteps.

Test:

Place ten stakes or other suitable anchor points equidistant from each other so as to describe a semi-circle with a 15 foot radius. Stretch a series of lines from an anchor point at the center of the diameter to each stake and mark each line at 5 foot and 10 foot distances from the center point. Station the client at the center points. Using a whistle, tuning fork, clicking device, or other appropriate instrument, create a sound at any one of the peripheral point or points marked on the lines; and ask the client to place his hand on the line which he believes leads to the source of the sound and to indicate from which of the three points on the line the sound is emanating.

Repeat this procedure from several of the points, selecting the points at random; and repeat the test with sounds of different quality—a musical tone as opposed to a click—and with sounds of widely different pitch.

Sustaining or repeating the sound until the client selects the line which he believes leads to it and indicates the point on the line from which he believes it emanates will provide a test of the client's auditory localization in which responses will not be affected by faulty coordination. Allowing a silent interval to elapse between the sound and the client's indication of its source will provide a test of the client's memory for localized sound, similarly free from the effects of faulty coordination.

For purposes of establishing standard performance on the basis of extended experience it will be advisable to record errors in terms of (1) the degree of the angle formed by the line on which each sound is

created and the line which the client indicates he believes is the one leading to the source of the sound (it will be noted that the angle formed by any two adjacent lines is 20 degrees) and (2) the difference between the distance from the point at which each sound is created and the client's indication of this distance.

LESSON 4

Specific objectives:

To increase the client's awareness of the importance of kinesthetic memory in physical orientation and to provide him with exercises for utilizing his kinesthetic sense and for developing his kinesthetic memory.

Procedure:

1. Call the client's attention to the fact that the kinesthetic sense is the composite of the sensations resulting from the tensions and pressures upon muscles, tendons and joints involved in bodily movements, and impress upon him that this sense, in conjunction with his tactile sense is the basic means through which he is able to obtain fundamental, concrete information about his environment. Point out to the client that efforts to develop the use of the kinesthetic sense and to improve kinesthetic memory are frequently inadequate or entirely lacking in the training of the blind, and that, therefore, it is important for him to increase his awareness of his use of this sense in his day to day activities and thinking and to seek out ways of developing its use.
2. Direct the client, under supervision, to ascend a flight of steps without using the bannister or a cane and without counting the steps. If he takes an extra step at the top, direct him to repeat the exercise in the same manner until he is able to accurately determine his arrival at the head of the steps.

Repeat this exercise with intervals of one day or more between repetitions until the client can accurately determine his arrival at the head of a familiar flight of steps on the first trial.

3. Mark off any distance along a sidewalk—20 feet, 25 feet—station the client at one end of this distance and walk with him to the other end. Then ask the client to continue walking, without counting his steps and to stop when he thinks that he has covered a distance equal to the original one. Measure the second distance he has walked and advise him of the difference between it and the first distance.

Repeat this distance from time to time, until the error in the client's comparison of the two distances is reduced to a minimum.

4. Mark a height on a pole or a wall—5 feet, 6 feet—place the client's hand on the mark, ask him to remove his hand, to lower it to his side,

and walk to some other location several paces distant, and place his hand at a height which he estimates to be equal to the one that has been marked. Measure the height indicated by the client and advise him of the difference between it and the one originally marked.

Repeat this exercise from time to time, until the error in the client's comparison of the two heights is reduced to a minimum.

5. Prepare a bundle of 7 sticks, graded in length by 2 inches from 33 inches to 45 inches. Place the bundle of sticks horizontally, in random order, on a table in front of the client and ask him to pick each stick by the center, judge its length by the span of his arms, and lay it down on another table in order of size with the smallest stick nearest him and each next larger stick consecutively farther away from him.

Repeat this exercise from time to time, until the error is reduced to a minimum.

LESSON 5

Specific objectives:

To increase the client's awareness of the olfactory sense in physical orientation and to provide him with exercises for developing the use of this sense.

Procedure:

1. Call the client's attention to the fact that his olfactory sense tires quickly and impress upon him that, if he is to use it to advantage, he must be alert to recognize and use quickly the information he derives through it.
2. Direct the client to walk down a shopping district street and ask him to identify, by the odors, each store that has a distinctive odor. Then, ask him to follow the source of some of the odors to the entrances of the stores from which they emanate. If he shows lack of familiarity with any odor which is distinctive enough to be identified, accompany him into the store, and, if it can be arranged, permit him to examine tactually the merchandise of the store and any other distinctive features.

Repeat this exercise until the error is reduced to a minimum or until it is clearly established that the client does not enjoy sufficient olfactory sense to be of use to him.

CANE TECHNIQUE⁴

LESSON 1

Purpose:

To teach the client inside travel techniques for use in traveling indoors.

Objectives:

1. To teach the client the purposes of the cane.
2. To teach the client how to use the cane.

Procedures:

1. To acquaint the client with the cane as a protective bumper; to acquaint the client with the cane as a feeler; to acquaint the client with the cane as a mark of recognition.
2. Instruct the client to grasp the shaft of his cane firmly, at the point where the crook curves into the shaft with his arm extended forward at about a 45 degree angle to his body, the inside of his wrist rotated downward, his forefinger extended along the side of his cane with the crook of his cane turned outward and the shaft of the cane extended downward across his body, placing the tip of the cane about an inch or two above the floor in front of the foot opposite to the hand holding the cane. Teach the client, when traveling, to attend to sounds and other stimuli which may serve as indicators of significant points of reference and provide the client with adequate opportunity to practice under supervision, localizing such sounds and the sources of other stimuli—the sounds of elevator doors, typewriters, drafts of air from doors or windows, cooking odors, etc. and interpreting them.

Variations:

When different types of canes are used, variations will have to be made with the technique. In the case of a cane with a thong, the client should be cautioned not to wrap the thong around his wrist.

Due to physical conditions and personality, variations may have to be made.

Suggestion: It is suggested that the client be instructed to explore tactually the reference points, land marks, and route borders in his immediate environment.

LESSON 2

Purpose:

To teach the client to use the cane in ascending steps.

⁴ "Instruction in Physical Orientation and Foot Travel". The Industrial Home for the Blind, Brooklyn, N.Y. 1950, was used as the basis for this syllabus. Editor

Objective:

To teach the client how to use his cane in preparing to ascend steps, to make the ascent, and to resume walking after having completed the ascent.

Procedure:

1. Instruct the client that, as the tip of his cane comes in contact with the bottom step, of an ascending flight of steps, he should hold his cane firmly against the step and walk forward until his toes touch the riser on either side of the cane. Instruct the client that, standing in this position, he should, with his left hand holding the cane, run the tip of the cane to the left along the tread of the first step until it contacts the end of the step on the left side, return the tip of the cane to him, and run the tip of the cane along the tread to the right side of the step.
2. Instruct the client to hold the tip of his cane firmly on the right side of the step and to move to the right so as to place himself in a position to ascend the steps on the right side. Advise the client that, having determined the width of the step, he should determine the height and depth of the step before making the ascent; and instruct him, accordingly, to run the tip of his cane from the front to the back of the tread of the first step and from the bottom to the top of the rise of the second step.
3. With the cane held in the position employed in either the rhythm technique or indoor method of using the cane, he should rotate his arm outward so that his elbow is brought forward at approximately the height of his shoulder and the cane is held in a perpendicular position in front of the center of his body at a height which will place the tip of the cane against the nosing of the second step. Point out to the client that, with his cane in this position the tip of the cane will tap each step as he makes his ascent, two steps ahead of him so that when the tip of the cane fails to contact the step, it will indicate to him that he is one step from the top of the stairs.

Hold the cane tightly between the thumb and the forefinger of his left hand (the other fingers resting lightly across the shaft of the cane to give it stability) in a perpendicular position in front of the center of his body at a height that will place the tip of the cane against the nosing of the second step, and in ascending the steps, to use the cane in the same manner as indicated in the foregoing paragraphs.

Point out to the client that, if the cane is held loosely enough to permit it to bounce lightly off the nosing of each consecutive step and the arm holding the cane is held rigidly, the cane will not only indicate the approach of the top of the stairs, but will serve to

detect tripping hazards while the arm will serve as a bumper to protect him against any large obstructions on the stairs.

4. Instruct the client that, as he reaches the landing on an ascending flight of steps, he should employ the indoor method of using the cane or the rhythm technique—whichever may be more suited to his surroundings—to find the continuation of the stairs.
5. Instruct the client that, upon reaching the top of the flight of steps, he should extend his cane forward, moving the tip along the floor, in front of the foot opposite the hand holding the cane, to determine whether any tripping hazards or obstructions lie in the area immediately in front of him before resuming walking.
6. Afford the client ample opportunity to practice, under supervision, preparing to ascend steps, making the ascent, and resuming walking after having completed the ascent.

LESSON 3

Purpose:

To teach the client to use the cane in descending steps.

Objective:

To teach the client how to use his cane in preparing to descend steps, to make the descent, and to resume walking after having completed the descent.

Procedure:

1. As the client is describing an arc with the cane searching for the steps, with the cane tip never leaving the floor, instruct the client that, as the tip of his cane detects the edge of the descending step, he should hold the tip of the cane firmly on the edge of the step and walk forward until the toe of his left foot protrudes slightly over the edge of the step. Instruct him to then extend the tip of his cane forward and downward to determine whether he has reached a single step or the head of a flight of steps. Instruct the client that, after he has determined that he has arrived at the head of a flight of steps, he should place the tip of the cane on the tread of the step below him and move it to the right until it contacts the right side of the step. Instruct him to hold the tip of the cane firmly on the right side of the step and to move to the right so as to place himself in a position to descend the steps.
2. Instruct the client to continue to grasp his cane in the manner employed in the indoor technique, but to drop his arm to his side so that the tip of the cane extends a few inches beyond and below the edge of the step below him. Point out to the client that, as he descends the steps with his arm in this position, the tip of his cane

- will move freely over the edge of each successive step until he reaches the bottom landing, at which point it will tap the floor, and that the tip of the cane will also serve to detect any tripping hazards.
3. Instruct the client that, when he reaches the landing on a flight of descending steps, he should describe the arc to find the continuation of the steps.
 4. Instruct the client that, upon reaching the bottom of the flight of steps, he should extend his cane forward, moving it along the floor, to determine whether any tripping hazards or obstructions lie in the area immediately in front of him before resuming walking.
 5. Afford the client ample opportunity to practice, under supervision, preparing to descend steps, making the descent, and resuming walking after having completed the descent.
 6. The Trainer should stand facing the client on the steps below the client.

Check List for Indoor Technique and Stairway Travel

Does the client do the following?

1. Hold his arm straight from the shoulder to the wrist?
2. Keep his hand and wrist relaxed?
3. Grip his cane firmly, with his forefinger extending down, along the side of the cane, and the crook turned outward so as to protect the knuckles of his cane hand?
4. Hold his cane far enough from his body?
5. Maintain proper body position, avoiding the tendency to lean forward when using the cane?
6. Walk steadily without shuffling?
7. Localize and interpret sounds and other stimuli effectively?
8. Discriminate effectively between the floor coverings on which he finds himself?
9. Keep the cane tip at the bottom step as he walks up to it?
10. Move to the right of the stairs?
11. Check the width, height, and depth of the step?
12. Tap each step, two steps ahead of him, as he ascends?
13. Hold the cane in the correct position and loosely enough to permit it to bounce lightly against each successive step?
14. Recognize the top of the stairs and avoid taking an extra step?
15. Does he discover the top step safely? Does he travel the stairs in a confident, relaxed manner?
16. Keep the cane tip on the edge of the down step as he walks up to it?
17. Keep his left foot so that his toe protrudes slightly over the edge of the step before determining whether he has approached a single down step or a flight of descending steps?

18. Hold the cane so that the tip just misses the edge of each step below him as he descends?
19. Recognize the bottom of the stairs by the tap of the cane and avoid needless shuffling or stumbling?

LESSON 4

Purpose:

To teach the client the rhythm technique of using his cane for traveling outdoors.

Objectives:

1. To teach the client the proper method of grasping his cane in using the rhythm technique.
2. To help the client develop the proper rhythm and synchronization in the handling of his cane.

Procedures:

1. Instruct the client to grasp the shaft of his cane with the crook downward at the point where the crook curves into the shaft, between his thumb and forefinger, with his forefinger extending down along the side of the shaft and the third finger curving under the shaft so as to place the top of the shaft of his cane firmly against the heel of his hand, below the base of his thumb and forefinger, and allow his fourth and fifth fingers to curve loosely around the top of the shaft and against the inside of the crook. Instruct the client to hold his arm so that his hand is in front of the center of his body slightly below his belt line and his elbow is pressed firmly against the front of his body slightly off center to the side nearer his cane hand. With his cane held in this manner, the tip touching the ground in front of the client, instruct the client to raise the cane slightly and move it from side to side with his wrist serving as the fulcrum and his arm remaining stationary. Advise the client that he may use whichever hand he finds more comfortable to use; and that, as he acquires ability to properly control the cane, it will be proper for him to move his elbow farther from center, so long as his hand remains in the required position.
3. Instruct the client to move his cane from side to side, touching the tip to the ground lightly at the termination point of each sideward movement so as to describe an arc as wide as his body and about an inch or two from the ground at its highest point.
4. After the client has demonstrated his ability to move his cane in the required manner, instruct him to begin walking and to synchronize the movements of his cane so as to cause the tip of his cane to tap

the ground in front of the foot opposite the one which is in a forward position and thus, as he brings his right foot forward, he will tap the ground in front of his left foot, and, as he brings his left foot forward, he will tap the ground in front of his right foot; point out to the client that, in employing this synchronization, the tip of his cane will always touch the ground where the next step is to be made and will thus warn him of any danger.

5. Provide the client with adequate opportunity to practice, under supervision, the rhythm technique of using his cane.
6. Provide the client with adequate opportunity to practice shifting his cane from the position employed in the rhythm technique to that employed in the outdoor method of using the cane, and back again, without changing the position of his fingers, to enable him to complete such shifting readily as occasion may require.
7. Provide the client with the opportunity to employ his kinesthetic sense to acquaint himself with the distance from himself to the cane tip.
8. Acquaint the client with the limitations of the cane.

Note to the trainer: Travel cues can be picked up not only by sounds from the cane tip striking the ground, but also, by vibrations conducted through the shaft of the cane and received by the extended index finger of the cane hand.

LESSON 5

Purpose:

To acquaint the client with safe practices as they apply to his use of the rhythm technique in traveling outdoors.

Objectives:

1. To caution the client against hazards in his traveling outdoors.
2. To teach the client the proper use of the rhythm technique in following a shore line.
3. To teach the client a safe method of contacting objects which he may wish to explore tactually.

Procedure:

1. Emphasize to the client the danger of tripping passers-by that may result from his use of an arc greater than the width of his body and the inadequate protection that will result from his use of an arc smaller than the width of his body or higher than the approximate inch or two from the ground that has been found to be most satisfactory.
2. Impress upon the client the importance of stopping instantly when the tip of his cane detects danger.

3. Point out to the client building lines, fence lines, and the edges of large obstructions which contain no great number of breaks or irregularities which may serve as convenient shore lines. Instruct the client to follow such lines by walking sufficiently close to them to enable him by slightly extending the width of the arc in his use of the rhythm technique, to touch the building, fence, or object which he is skirting at its juncture with the sidewalk with the tip of his cane each time he completes the arc on the side of the line he is following. Afford him adequate opportunity to practice following such a guide line in this manner.
4. Point out to the client the danger of injury or embarrassment that may result from the extending of his hand through mid-air to touch an object which he may wish to explore tactually; and instruct him that such danger can be avoided if, when his cane comes in contact with such an object, he will hold the tip of his cane firmly in its position and walk forward until the shaft of the cane comes in contact with the object so that he can run his hand down the shaft and find the object at a convenient point from which to begin his exploration of it. Point out to the client that this method of establishing direct contact with objects will prove effective and provide adequate opportunity for the client to practice the method under supervision.
5. Encourage the client to request assistance, if it is available, whenever he needs it.
6. Point out to the client that the use of the full length of his cane might constitute a tripping hazard in extremely congested areas; and provide opportunity for him to practice using the rhythm technique with his hand moved part way down the shaft of the cane so as to provide a shorter extension of the cane for use in very close quarters.
7. Call the client's attention to the fact that the rhythm technique does not provide protection against suspended obstructions, such as awnings, scaffolds, etc., and recommend that his free arm be used as a bumper whenever he finds himself in an area in which obstructions might exist and in which assistance is not available.
8. The client should be acquainted with the necessity of traveling more slowly or coming to a complete stop because of a change in travel cues which may indicate danger.

Note: Although slight variations in the use of the rhythm technique may properly be made to achieve the most comfortable use of the technique for individual clients as they become thoroughly adept in its use, at this stage of training it is important that no deviations from the technique be encouraged by the instructor. The client may be presumed to have arrived at a stage of pro-

iciency and self confidence which may cause him to become careless and to resort to deviations in the use of the technique which may serve neither his safety nor his comfortable use of the technique and which may constitute the beginning of bad habits that, if neglected, may later be difficult to correct. It will be found helpful at this stage of his training for the trainer to carefully rate the client's proficiency, and to discuss with the client the ratings he has given him and the basis for these ratings in order that the client may be aware of the weaknesses in the use of the technique that will require his special attention during the subsequent period of instruction and practice.

Check Sheet

<i>Cane Technique</i>	<i>Excellent</i>	<i>Satisfactory</i>	<i>Training Needs</i>
Use of the cane as a bumper, not as a probe			
Stopping instantly when the cane shows danger			
Proper body posture			
Use of the cane in following guide lines			
Use of the cane in establishing contact with objects that re- quire tactual exploration			
Holding the cane			
Position of the hand			
Rhythm of the cane			
Width of the arc			
Height of the arc			
Consistency of the arc			
Movement of the wrist			
Delicacy of touch			
Hand and arm relaxation			
Angle of the cane			

LESSON 6

Purpose:

To teach the client the correct use of the cane in crossing streets and to familiarize the client with convenient and safe ways of enlisting the aid of sighted persons at crossing streets.

Objectives:

1. To teach the client the proper method of verifying the direction in which he is facing when he arrives at a corner in order to enable him to walk the shortest line to the opposite curb in the event he should be obliged to cross the street by himself.
2. To teach the client the method of using the cane in crossing streets alone which will enable him to detect stationery obstructions and, at the same time, permit him to make the crossing with a minimum of delay.

Procedures:

1. Instruct the client that, as the tip of his cane detects a down curb, he should hold the tip of the cane firmly on the curb and move forward in such a manner as to place both of his feet on the curb with his toes protruding slightly over the edge. Instruct the client that from this position without turning his body he should transfer his cane to his other hand and run the tip of it along the curb as far as he can comfortably reach, return it to him along the curb, transfer the cane back to his cane hand and repeat the process with that hand. Point out to the client that if the cane moves on a lateral line with his shoulders on both sides, it will indicate that he is facing directly across the street.
2. Point out to the client that if, when moving the tip of the cane along the curb in the manner instructed, he finds that the cane moves behind his shoulder line on either side, it will indicate that he is standing at a curved curb and in squaring his toes against such a curb, he may be positioning himself to walk into the center of the intersection instead of directly over the cross street.
3. Advise the client that if he finds himself positioned at a curved curb, he should move a few steps away from the curved part of the curb employing the rhythm technique to protect himself against hydrants and other obstructions, and repeat the process of verifying the direction in which he is facing at the curb.
4. Provide adequate opportunity for the client to practice the process of verifying the direction in which he is facing on both squared and rounded curbs.
5. Instruct the client that, after he has positioned himself for crossing the street, he should extend his cane forward in an arc moving the

tip along the street, to determine whether he may step down from the curb without encountering a parked vehicle, water puddle or other obstruction. Advise the client not to repeat this process before resuming his forward movement, as repeated extension of the cane in this manner will serve no useful purpose and may develop a habit of employing the cane as a probe instead of a bumper.

6. Impress upon the client the importance of listening for parallel traffic, listening for the crossing of pedestrian traffic, and listening for the stopping of cross traffic before he steps down from the curb; and instruct the client to use the cane, when crossing the street, in the same manner in which he has been instructed to use it for traveling indoors. Suggest that, while crossing the street, he might find it helpful to touch the tip of his cane to the pavement once or twice in order to make certain that he is holding it at the proper height and that, as he should walk steadily and more rapidly than he would ordinarily walk indoors, he might find it advisable to hold his cane a few inches farther in front of him than he customarily would in traveling indoors. Advise him that, as the tip comes in contact with the opposite curb, just above its juncture with the street, he should measure the height of the curb by raising his cane over the top of the curb before stepping up onto the sidewalk.
7. Instruct the client to hold his cane in the position used in crossing the street and as he steps up on the opposite curb to extend his cane forward and outward in an arc in changing it to the position used in the rhythm technique in order that he may detect any rubbish receptacle, pole or other obstruction before resuming walking along the sidewalk.
8. Suggest to the client that, in requesting assistance in crossing a street, he might find it desirable in engaging the attention of a particular person or small group of persons rather than to tap his cane on the curb or to resort to some similar means of broadcasting his need for assistance that might prove embarrassing and create confusion which frequently detracts from the value of the assistance offered. Point out to the client that, if he can engage the attention of those whom he wishes to assist him, he will have some opportunity to appraise the responsibility of such persons and to establish a degree of rapport between himself and them which will afford a basis for making clear the kind of assistance required and will avoid needless embarrassment. Suggest to the client that, lightly brushing against the person whose attention he wishes to engage, touching him with his cane, or creating some similarly harmless occasion for asking his pardon often provides a convenient means of evoking a response on the basis of which the client may profitably decide

whether to request the help required or whether to direct the request to another person.

9. Advise the client to ask to take the arm of any person offering to guide him rather than to allow himself to be pushed across streets or through similarly dangerous areas.
10. While observing at a distance, allow ample opportunity for the client to request assistance from the public in crossing the streets in order to enable him to become accustomed to doing so and to afford a basis upon which his technique of engaging the attention of strangers might be reviewed with him and recommendations for improving it be made.

Points to be observed:

Does the client do the following:

1. Allow his toes to protrude slightly over the edge of the curb when verifying the direction in which he is facing?
2. Face straight forward as he moves the tip of his cane along the curb to verify the direction in which he is facing?
3. Extend his cane forward only once in an arc to determine whether his path is free of obstructions before stepping down from the curb?
4. Keep the tip of his cane an inch or two above the pavement while crossing?
5. Hold his cane far enough in front of him while crossing?
6. Ask to take the arm of any person offering to guide him rather than allow himself to be pushed by the guide?
7. Cross quickly without visible nervousness?
8. Does the client cross the intersection in a straight line?

LESSON 7

Purpose:

To provide the client with opportunities to apply travel techniques, methods, and abilities in his day to day travel requirements.

Objectives:

1. To travel with the cane in a rural community.
2. To determine how to find a specific location and negotiate revolving doors and escalators.
3. To provide exercises for and practical tests of the client's application of the techniques, methods and abilities in which he has been instructed.
4. To help the client to develop the ability to use common transportation facilities with self-confidence and safety.
5. To travel with a cane under unusual weather conditions.

Procedures:

Travel in rural community

Advise the client that rural highway travel must be on the left side of the road using the left shore line always facing traffic. The client must keep near his shore line at all times and be conscious of his relative position to the traffic. On narrow highways the client's attention should be directed to the sound of cars meeting and motor sounds of large trucks or buses and advised to get completely off the highway when this occurs. In night travel on a highway, some white or gleaming surface should be in evidence on the cane. This cane should be shifted to behind the client for cars approaching from the rear.

In rough country travel off the highways, it is suggested a long staff as tall as the client be used for protection against overhanging branches and greater tactual horizon.

In rural travel, greater attention should be given to practicing the detection of under foot terrain. It is especially important to pay attention to the contours of the land, the wind, the sun, and distant sounds and odors.

Accquaint the client with the value of sticks and stones to throw, to keep in contact with the environment beyond his tactual range.

Specific location, revolving doors, escalators

In finding a specific location, for example a store, explain to the client that there are specific travel cues that he should look for and recognize, such as sounds, odors, terrain under foot, irregularity of the shore line, and in familiar territory, kinesthetic memory.

If the client knows the relative position of his objective in the block, he may walk to the corner and then retrace his steps to find his objective.

Note: If necessary, request sighted assistance, but always be courteous when assistance is offered before requested.

In negotiating a revolving door, approach the door slowly, extend the hand in such a manner that the blade of the door will brush the fingers. Pay strict attention to the sound cues emanating from the door's revolutions. The client should wait for at least two blades to pass to determine the speed of the door. When the client is ready to step in, he should move well into the triangle immediately after the blade brushes his fingers. The initial step should be with the left foot in a right oblique direction so that he will move in the same direction as the doors are revolving. Instruct the client to allow his right elbow to brush the shore line (shell) as he pushes the door and step out and away quickly when he reaches the opening.

Note: Remind the client that the openings of the shell can also be per-

ceived by the sudden difference in sound, air pressure, odors, and changes of temperature.

In negotiating an escalator, by the sound of pedestrian traffic, the client should determine which escalator he is near, either the up, or the down. When he steps on the metal plate, (which is usually in front of the escalator), he should reach out for the rubber rail either on the left or the right. He should step forward and place his feet on two different treads to allow him to have a better forward and backward balance and to indicate immediately the levelling off of the stair at the top or the bottom. When about to step off the step, raise the toe slightly of the leading foot, (to prevent catching under the lip of the metal plate). When contact is made with the floor, step forward with the leading foot and proceed.

Note: This system applies both in ascending and descending.

Exercises and tests

After accompanying the client to an appropriate location, ask him to go to a destination which will involve his walking several blocks, through a quiet area, over regular pavement, and with no streets to cross. Observe from a distance, the client's posture, poise, use of the rhythm technique, and response to sensory cues. Make note of such observations and discuss them with the client after he reaches his destination; but do not offer any advice or aid to the client along the route, unless his safety should be clearly threatened. Following the procedure indicated above, ask the client to go to a destination which will involve his walking several blocks, through a quiet area, over irregular pavement, providing fairly regular building, fence or curb lines, and with streets to cross. In addition to the points of observation in the foregoing, note the client's manner of requesting assistance in crossing streets, the conditions under which he will decide to cross streets unassisted, and the care with which he makes such crossings.

Following the procedure indicated above, ask the client to go to a destination which will involve his walking several blocks, over irregular pavement, with fairly busy streets to cross and a moderately high level of background noise and providing no regular building, fence or curb lines.

Following the same procedure as referred to above, ask the client to go to a destination which will involve his walking several blocks through a central shopping area with heavy pedestrian and vehicular traffic.

Repeat as often as may be required the exercises outlined above in which initial performance proved less than satisfactory.

Use of common transportation facilities

Accompany the client to a bus terminal, and enlisting the coopera-

tion of the personnel in charge, assist the client to carefully examine the layout of several types of buses commonly used for public transportation. Help him to observe the location of doors, the height of steps, the location of the coin box, the rails and the straps provided for the support of standing passengers, and all other features of importance to the client's safe and efficient use of bus transportation, including bus stop stanchion signs and any other items or features that might help him to identify bus stops.

Accompany the client on a bus ride and help him to become alert to turns along the bus route, to main bus stops at which, ordinarily, large numbers of passengers enter or leave the bus, to points at which the bus may pass under an elevated or over car tracks, and to any other features of the trip which might be used by the client as cues to his whereabouts. Advise the client to memorize at least the main stops along any bus route which he may have occasion to use frequently, and at all times, to ask the driver to announce the street of his destination and, if he has any doubt as to the driver's dependability in carrying out his request, to ask a passenger to tell him the whereabouts of the bus as often as may seem necessary.

Exercises and tests

Following the above outlined procedure ask the client to go to a destination which will entail his use of a bus.

Following the procedure outlined and referred to above, assist the client to acquire the information important to his safe and efficient use of trolley car transportation.

Select a route of travel entailing the use of a subway on which the stations used for traveling in one direction are essentially an accurate counterpart of those used in traveling in the opposite direction. Accompany the client along this route of travel, assisting him to carefully examine the station, at which he boards the subway, noting particularly the position of the change booth, the turnstiles, the transfer box—if there is one—the exit, all stairways between the platform and the street, the width of the platform, the spacing of the supporting pillars and all other features that might help the client to find his bearings if he should lose his direction while in the station or in any station similar to it. When boarding the train with the client, help him to examine, in as much detail as may seem useful, the layout of the train and point out to him the points at which the train may pass under a river, make a sharp turn, be required to wait for starting signals, have doors opening on the opposite side from the one on which they more frequently open, and all other characteristics of the trip which might serve the client as cues to his whereabouts. Upon arriving at the end of the route

selected, ask the client to make the return trip on his own resources, observing his performance from a distance in the manner set forth in the preceding procedures.

Following the procedure outlined and referred to above, assist the client to acquire the information important to his safe and efficient use of elevated train transportation.

Direct the client to travel to a destination of his own choosing which will entail one or more modes of transportation over a route not previously traveled in the company of the instructor, and provide the kind of observation of the client's conduct in traveling the route as is specified under the preceding procedures.

Note: The trainer should be increasingly aware of the client's sound and obstacle perception development. As for example, can he travel by keeping parallel to the moving traffic? Can he move in a straight line in going over a large open break in the shore line?

Travel under unusual weather conditions

Travel with a cane under unusual weather conditions suggests three major areas:

Wind:

In a strong wind, (as in most conditions with a high level of background noise), such as a pneumatic drill, the client should travel by following shore lines without depending primarily on sound cues.

Rain:

Under rainy conditions, the client must be unusually cautious of increased danger from not being observed by drivers and pedestrians. The trainer should practice with the client under such conditions, to note especially new sound patterns and hazards.

Examples: The swish of tires on wet pavements, the sounds of rain on the grass, compared with the sounds of rain on the sidewalk, and the fact that pedestrian footsteps are less perceptible in the rain because they may be wearing rubbers.

Snow:

Snow is probably the most difficult general condition to cope with in travel. There are some general suggestions to be offered:

1. The client can follow shore lines where possible.
2. He must make the utmost use of sound cues.
3. Following piled up snow on either side of a cleared path as a shore line.
4. A pointed cane may be used, as a probe; it may be helpful also under slippery conditions.

SIGHTED GUIDE

LESSON 1

Purpose:

To teach the client the best manner in which to follow a sighted guide comfortable and safely.

Objectives:

1. To teach the client to follow a sighted guide.
2. To acquaint the client with the dangers of incorrect guidance.
3. Impress the client with the necessity of acquainting the sighted guide with the techniques of guiding the blind.

Procedure:

1. Instruct the client that, when accepting guide service under conditions in which close contact with the guide might not seem appropriate or in which speed of establishing and breaking contact may be required, he should lightly grasp the upper part of the forearm of the guide with his thumb on the outside, and follow about one half step behind the guide. Point out to the client that, in following a guide in this manner a certain amount of lost motion between the movement of the guide's body and the arm of the guide is inevitable and that, consequently, it is important for him to walk slightly behind the guide in order to allow for the lost motion between the movement of guide's body, his interpretation of these movements through the guide's arm and his response to them.
2. In making a steep descent or in descending high steps, it will be advantageous to drop one step behind the guide and allow the client's hand to move to the shoulder of the guide, with the fingers resting lightly on the shoulder.
3. In crowded areas teach the client to move slightly behind the guide with his inside foot synchronized with the inside foot of the guide. In this way his response to the guide's movements will be virtually instantaneous.
4. Instruct the client when grasped by a guide, to inquire if he may take the guide's arm instead. In this manner the client will have some control of the guide and will eliminate the possibility of the guide's releasing him in case of sudden danger.
5. Instruct the client not to allow the guide to travel too fast in dangerous areas. This might be done in a subtle tactful manner by tugging lightly on the guide's arm.
6. In many instances, the client can act as an aid in orientating the sighted in how to act as guides for blind persons. We suggest the following:
 - a. Hesitating before ascending or descending a flight of stairs.

- b. The sighted guide should be alert, but not over anxious or over cautious in his guiding of the blind person.
- c. Approach flights of stairs squarely.
- d. Explain to the guide the benefits of allowing the blind person to take the guide's arm.
- e. The guide should stop and explain when approaching unusual hazards that may cause difficulty.
- f. If the guide must leave the blind person rather suddenly, make sure that he orients the blind person to his immediate environment, so as not to leave the blind person in a vacuum.

SUMMARY REPORT

Upon the completion of the training of a client, prepare a brief summary report of the client's attitude to the training, his rate of progress in the various phases of the training and his proficiency in physical orientation and foot travel at the completion of the training. This report should be based on progress notes which the instructor will find it helpful to make at each session of training in order to avoid a final report based only on impressions gained during the last phase of training.

DEMANDS OF DAILY LIVING

The agenda for Committee D was as follows:

- 1. Define and list the demands of daily living for blind persons.
- 2. List the preferred techniques of training to meet each of these demands.
- 3. Indicate differentiation in program for:
 - a. The totally blind
 - b. The partially sighted
 - c. Blind with other disabilities

Why be so concerned about "Demands of daily living"—we all know that we get up in the morning, dress, eat, tend our daily chores at school, work and play, but is there not much more to it than the mechanical functions

that each of us has to do? Is it not true that from the demands of daily living the individual develops the art of living and it is the manner in which he meets the changing demands upon him from day to day that shapes his personality?

Our purpose in having these discussions was an effort to determine what the demands of daily living are for blind persons and to develop ways and means, practical in application, which will remove existing inadequacies.

To quote the definition adopted by the National Council on Rehabilitation, "Rehabilitation is defined as the restoration of the handicapped to the fullest *physical, mental, social, vocational* and *economic* usefulness of which they are capable".

Our aim therefore, is to assist in the rehabilitation of the blind individual so that he may have a feeling of equality with those who see and become a contributing member of society.

If then the aim is to help the blind persons to become a part of society rather than a segregated group, it was decided to start with fundamentals and first establish the day to day demands upon the sighted individual so we may know that which is expected of him and his responsibility and obligation to society and from that determine the limitations which blindness creates.

Society over a space of time has developed certain standards and codes and if the individual is to be an integral part of the whole, he must accept the existing pattern to a reasonable degree. By doing so he may make a contribution that will improve the accepted order of things. Society is such that each individual is dependent upon others for his very existence. Therefore, he must recognize that he cannot think of himself alone—although from his point of view that is of primary importance—but must learn that he is but a cog in the wheel—that daily living is a matter of give and take and that to be respected he must respect.

The ultimate goal of each individual is happiness and contentment. To attain this end one must have security, and the knowledge of belonging, satisfaction of the ego as to achievement, the spirit of giving, love, and belief in something greater than he. If the individual is equipped with these fundamentals the chances are that he will be a useful member of society whether he is handicapped or not.

Without considering the influences of his inheritance, the shaping of all traits of the individual has its beginnings in the family. It is its understanding and approach to the daily problems which arise that lays the foundation and molds to a great extent the future of the individual. The family plays such an important part in the daily life of each individual that we have considered it in our discussion, not only from the point of view of what the family contributes toward the life of the individual but also in the relation to the contribution of the individual in the family.

Under usual circumstances the family will give to the individual affection, a sense of security and the care of his physical needs as to food and clothing. The family will help him (1) to develop independence, (2) self-confidence, (3) self-reliance, (4) how to play, (5) a spirit of cooperation with others, and (6) the desire to learn. If these basic principles are taught, the individual is prepared to cope with broader experiences which he will find when he goes to school, to work and in his association with society at large. In our discussion we assumed that in the normal group, generally speaking, no major problems exist however great the variation may be. In most instances, daily living in the family, at school, in work and in play, is apt to grow without major interference and in accordance with the best (or the worst) environmental factors present in each situation.

We agreed that blindness does impose limitations but that they need not be as great as many suppose because of lack of understanding of the problem. If those in the home do not know how to cope with the problem it can hardly be expected that friends and acquaintances will know. The failure of many blind persons is not due to lack of academic or vocational training or to their inability to perform in a chosen field, but all too often because of the little everyday things that occur which cause a sense of fear and a feeling of insecurity. The committee decided to explore the day to day problems of the demands of daily living. Our problem, therefore, was to explore the demands placed on seeing people and to identify the areas in which blind persons are apt to require special attention and development.

Here is a list of the demands of daily living upon everyone. Unfortunately time did not permit the special technique necessary in relation to blind persons, except in instances considered of special importance. Some of the topics listed are being handled by other committees. Detail is omitted in order to avoid duplication of effort.

The demands of daily living are divided into three groupings—physical, mental, social, and unless otherwise indicated, they are physical demands.

INDIVIDUAL REQUIREMENTS

Every normal individual has the following requirements: to belong; to achieve; a need for happiness, contentment and security; a need to make individual contribution toward life; and a need for recognition of his individual assets. In this the blind person differs in no way from people in general.

SELF CARE

The blind individual needs to emphasize personal neatness through habit formation, systematic care of his belongings and all aspects pertaining to personal hygiene.

Cleanliness:

Blind people must be particularly aware of such matters of personal cleanliness as bathing, mouth hygiene, elimination of body odors, toilet activities, care of feet, care of hair, shaving, and the change of clothing. Finger nails should be cleaned daily followed by sighted inspection. Cosmetics and perfume should be used with moderation. Care of the eyes is necessary for everyone but the blind individual must pay special attention to the care of glasses and prosthesis if these are worn. The care of the skin should be emphasized so that it is clear and free from blemishes.

Clothing:

Systematic methods must be used in all matters pertaining to dressing and undressing. The blind person, through demonstration and practice, can learn to tie ties and shoestrings, fasten clothing, adjust belts, and suspenders, center seams of clothing and hose. Sighted supervision is suggested in the selection of hats.

Identification of clothing:

For the identification of clothing it is suggested that the blind person use a series of knots on inside seams where style or texture really does not identify it.

Care of clothing:

Special attention and sighted inspection should be given by the blind person to the washing and ironing of clothes to be sure that the garment is clean. In the matter of cleaning and pressing, sighted inspection is necessary for spots. Daily brushing of clothes must be emphasized. Through demonstration and practice the blind person can do his mending, darning and sewing of buttons as well as the hanging, laying away and storage of his clothes.

Care of shoes:

With demonstration and counseling, a blind individual can select properly fitted and appropriate shoes and have adequate repairs when necessary. Emphasis should be placed on the daily buffing and polishing of shoes.

Selection of clothing and accessories:

Sighted assistance is advised for the selection of clothing and accessories so that harmony of color, style and the appropriate use of accessories can be made. These are social demands of daily living.

Use of tobacco:

In the use of tobacco, the normal individual must have consideration of others. This is also true of the blind person. It is suggested that he carry a small, portable ash tray at all times. Added to this he should develop an awareness of the direction of smoke. Safety in smoking is vitally important. A blind person must be aware of extinguishing lighted matches and lighters. No special technique is necessary for the lighting of cigarettes,

cigars or pipes. Here individual preference prevails. When a cigarette, cigar or pipe is disposed of it is necessary that the blind person is sure the fire is out. To keep the fingers and nails free of nicotine stains, it is suggested that pumice stone or lemon juice be used. Here again sighted inspection is necessary. Emphasis should be placed on the clean and inoffensive use of chewing tobacco and snuff.

Posture:

Good posture in sitting, standing and walking is again a social demand of daily living on anyone. Through constructive criticism and instruction by sighted help, the blind person can meet acceptable standards.

EATING

Everyone needs a knowledge of a balanced diet which the blind person should gain through instruction.

Table:

Emphasis should be placed by the blind person on his ability to arrive at the table, pull out his chair and be seated in an acceptable manner.

Place setting:

A blind individual should place emphasis on the observation and accepted use of proper place setting and its immediate surroundings. He should have a knowledge and use of the napkin, knives, forks, and spoons. Fingers should be used when socially permissible such as when eating chicken, chops, ribs, relishes, potato chips, french fries, asparagus, water cress and crisp bacon.

Pusher:

As a pusher, the blind person should use bread, rolls or a knife blade according to the European method of using the knife and fork.

Location and use of dispensers:

Instruction should be given in the location and use of dispensers as follows:

1. *Salt*—Place fingers over plate, palm up, fingers slightly apart and shake salt through fingers. Put salt in palm of one hand and sprinkle with fingers of other hand.
2. *Pepper*—Use methods above as practical.
3. *Sugar*—Hold filled sugar spoon handle near bowl and locate edge of cup with little finger of same hand, bring spoon slightly toward center of cup and tip contents into cup. Using both hands, bring filled sugar spoon to cup, holding one hand under filled spoon, locate cup with underneath hand and tip contents of spoon into cup. Permissible to request help.

4. *Cream*—Permissible to request help.
5. *Syrup*—Permissible to request help.
6. *Others*—Permissible to request help.

Methods of passing and serving food:

Here the blind person uses his individual preferences and a knowledge of the clock system. Suggested methods for certain foods follow:

1. *Soup*—Dipping spoon away from body.
2. *Cutting meat*—Locate edge of meat with prongs of fork down and forefinger on back of fork. Cut around fork for bite, repeat each time. When finished, place knife across back of plate. Sighted help if necessary.
3. *Buttering bread and rolls*—Individual preference.
4. *Baked potato*—If open, hold with hand. If whole, cut in half and remove contents to plate if desired.
5. *Other vegetables*—Be careful to determine if whole vegetables need cutting, such as potatoes, onions, carrots and leafy vegetables.
6. *Desserts*—
 - a. *Pie*—Hold back edge of crust with thumb and forefinger and cut through pie with fork at point, one bite at a time, working from left to right, or vice versa.
 - b. *Cake*—Apply same method as for pie.
 - c. *Melons and canned sliced fruits*—Special attention is needed.

Restaurant:

Through special attention, demonstration and practice, the blind individual should master the social demands of the handling of wraps, being escorted to the table, using courtesy and rapport with the waitress, ordering, tipping and paying the bill.

Cafeteria:

This again is a social demand of daily life which requires individual attention on the part of the blind person. Eating in a cafeteria probably requires sighted help in locating the line, picking up the tray and silver, learning the menu, selecting the food, when and where to pay the check, locating a table, locating articles in immediate table surroundings and leaving the cafeteria.

Eating at home of friends:

Here the blind person observes the usual social graces.

SYSTEMATIC CARE OF THE HOME

Through demonstration and practice the blind person can be as competent as the normal individual in organizing the home schedule to fit the needs of all members of the household.

By placing emphasis on details during his training, the blind individual can become as efficient as the normal individual in such activities as the following:

1. Bed making
2. Dusting and polishing
3. Dry mopping
4. Wet mopping
5. Washing of woodwork
6. Use of vacuum cleaner
7. Use of hand sweeper
8. Window washing
9. Washing of porcelain and tile
10. Household laundry
11. Cleaning and straightening of closets and dresser drawers
12. Knowledge of cooking and a simple menu planning
13. Marketing, budgeting and handling money
14. Kitchen organization

Home nursing, child care and first aid:

Blind homemakers should become competent in child care and first aid. In the matter of their personal sex education there is no difference. Blind parents should be able to make substitutions for loss of sight for visual aids in the training of their children.

Household mechanics:

Through demonstration and practice, blind people should become competent in household mechanics.

Gardening and lawn mowing:

This can be accomplished adequately by blind individuals. (See "Vegetable Gardening in the Dark: Flower Gardening in the Dark" by Lee Chapman—available, American Foundation for the Blind).

TRAVEL

Travel is considered both a mental and social demand of daily living. Details as to methods of travel by walking, use of elevators, escalators and stairs; travel by automobile, taxi and by all types of public conveyances as trolley cars, buses, airplanes and trains, are covered by the report on "Travel Techniques".

SHOPPING

Any individual has at his disposal the use of personal shopping services as well as the use of the telephone. The blind person is advised to make full

use of these services. In knowing where, what and how to buy, the blind person should establish cooperation with neighbors and store management. When shopping alone he needs to learn to rely on identifying sounds such as the cash register, the meat counter, etc., to locate the proper location of the items in the store.

UNDESIRABLE MANNERISMS-BLINDISMS

Common undesirable mannerisms among normal individuals are: constantly moving hands, not looking at persons when speaking, picking clothing, scratching head, rubbing nose, swaying, shuffling of feet, excessive head movements, over talkativeness, nail biting, mumbling, loud talking, pulling ear lobe and constant stretchings.

Such mannerisms known as "blindisms", are to be corrected in the blind. Many of the following characteristics apply to both groups but are accentuated by blindness:

Dropping head on chest	Swaying
Excessive rubbing of eyes	Shuffling of feet
Holding head to one side	Excessive head movements
Fingering of eyes	Over talkativeness
Excessive "brailling" of others	Awkward extending of hand and
Turning head awkwardly	toes turning out
Ceiling staring	Rigidity in posture
Audible peculiar sounds	Floor gazing
Grimaces	Nail biting
Twitching of mouth	Mumbling—loud talking—puff-
Unreal or artificial smile	ing when speaking—pulling
Picking at clothing	ear lobe—constant stretching

SOCIAL GRACES

Social graces represent social demands of daily living.

Hand shaking:

Through instruction, demonstration and emphasis the blind person should be taught to shake hands.

Courtesy:

Emphasis should be placed on the gracious refusal of unnecessary aid often offered to a blind person.

Gracious handling of the public:

Looking at people when talking:

Consideration of other's opinions:

Avoiding abrupt change of subject:

Ability to get along with others:

All of these social graces must be emphasized by blind people.

Facial expression:

It is especially important that the facial expression of a blind individual correspond with the conversation. It should also be in repose when there is no conversation as well as free from tics.

Posture:

Posture of a blind person while standing, sitting and walking can be improved by correction and practice. He should stand without hands in the pockets and sit without weaving.

Turning appropriate light on and off:

The blind person should establish the habit of turning appropriate lights on and off at the proper time.

Ordinary courtesies of host:

Through instruction and practice the blind person should acquire the ordinary courtesies of a host or hostess.

APPRECIATION OF BASIC EDUCATIONAL NEEDS

The appreciation of basic educational needs are mental and social demands of daily living.

Reading, writing, arithmetic, grammar and spelling:

These skills can be acquired through the use of the Talking Book, typing, braille and script writing. Each blind person should learn to write his signature in script.

Communications, handling mail:

The blind individual should learn to fold a letter, put it in an envelope, address and stamp it. For writing he should be taught to type and to write braille.

Communications, use of telephone:

Every blind person should learn how to dial a telephone; use the information, long distance, emergency, weather and time services.

Development of cultural appreciation:

The blind person should be instructed in the maximum appreciation of lectures, concerts, radio, movies, theatre, museums, parks and music.

PHYSICAL CONDITIONING

The blind individual does not differ from any normal individual in establishing regular habits of eating, sleeping and exercise.

PHYSICAL DEMANDS OF EMPLOYMENT

Cooperation, loyalty, consideration of others:

These physical demands of employment should be emphasized by blind people as should the following:

Acceptance of responsibility

Consistency of effort, and

Punctuality

RECREATION

Outdoor activities:

Some outdoor recreation activities suggested for blind individuals are:

- | | |
|---------------------|-----------------|
| 1. Archery | 7. Baseball |
| 2. Camping | 8. Football |
| 3. Skating | 9. Boating |
| 4. Horseback riding | 10. Fishing |
| 5. Swimming | 11. Hayrides |
| 6. Group games | 12. Sleighrides |

Indoor activities:

Some indoor recreation activities suggested for the blind are:

- | | |
|-------------|--------------|
| 1. Cards | 6. Charades |
| 2. Dominoes | 7. Dancing |
| 3. Cribbage | 8. Dramatics |
| 4. Checkers | 9. Wrestling |
| 5. Chess | 10. Bowling |

Home:

Some recreation activities which can be carried on in the home by the blind are:

1. Cultural pursuits
2. Hobbies, such as woodworking, collecting records, stamps, gardening
3. Soundscriber—to be used as a means of instruction for recreation
4. Ham radio operating
5. Entertaining

COMMUNITY DEMANDS

It is important for the blind person to know that the community needs him and his contributions as much as he needs his community in such ac-

tivities as civic duties, and responsibilities, voting and participation in welfare activities, conservation of public property, community planning, community health and recreation.

Unfortunately time did not permit a lengthy discussion of the philosophic approach to daily living but there are several salient points that need to be discussed.

Society does not care what the individual's beliefs are or what attitudes he assumes, but if he is to be a part of society he must be able to get along with others.

What goes on in a man's heart and head is extremely important, even more so for the blind person who is forced to live with himself to a greater degree than is the normal person. How an individual looks at himself and his associates will very largely determine his interest in meeting the demands of daily living. How the blind person looks at his blindness will form the basis of his willingness or reluctance to meet the demands of daily living expected of him.

The individual who realizes that he can expect no more from others than he is willing to give will achieve the sense of belonging and security desired by all. The responsibility of the blind person in this respect is no different. We know that society does not enforce this contract with those who are satisfied with "bread alone". It is our responsibility, therefore, to acquaint blind people with the fact that society has more to offer than mere existence, provided they can meet their obligations to their home, each other and their community. They will have to put forth greater effort than persons with sight, and it is important that they appreciate the need for this effort. This applies particularly in their relationships with sighted people. Their own insecurity cannot help but reflect itself to other people and arouse in them the same feeling of insecurity—while in their presence.

A feeling of security on the other hand, knowing that they have at their command a full knowledge of and ability to execute the accepted social patterns, will help them to bridge the gap between blind and seeing people.

At the final session of the conference, the committee explained that because of lack of time and because techniques for training in demands for daily living were not as well defined as some other training areas in adjustment, they did not set up a training manual. By action of the entire conference it was recommended that further studies be made in this area with the hope of developing a manual in the near future.—The Editor

THE USE OF BASIC ABILITIES BY THE BLIND

The original title of Committee E was the "Development of Substitute and Supplementary Abilities of the Blind". The following agenda was suggested for its deliberations:

1. Define and list the abilities important to blind persons such as tactual perception, finger dexterity, spatial orientation, kinesthetic memory, and visualization.
2. How can these abilities be measured?
3. Outline specific activities for development of each of the abilities listed.
4. Indicate differentiation in program required for:
 - a. the totally blind
 - b. the partially sighted
 - c. blind with other disabilities

The Committee reviewed the areas suggested in the above agenda and attempted to identify the problem assigned to it for study. After discussing the scope of its work, the members felt that the name should be "The Use of Basic Abilities by the Blind". It was agreed that this name should be defined as "The determination and development of sensory and mental abilities, physical capacities, and personality traits important to the functioning of blind persons".

In outlining its work, the Committee set as its goal the following:

1. The listing of sensory abilities, mental-sensory abilities, and mental abilities.
2. The definition of these abilities.
3. The preparation of a scale for rating these abilities.
4. The indication of methods for their diagnosis and development.

It was felt that time would not permit work on physical capacities or personality traits, even though the Committee recognizes their importance in the functioning of blind persons.

SENSORY ABILITIES LISTED AND DEFINED

Olfactory ability:

The ability to recall and recognize odors.

Kinesthetic ability:

- a. *Perception*. The ability to appreciate proportion, distance and weight through pressures and tensions in the muscles, tendons and joints.
- b. *Memory*. The ability to retain awareness of distance, proportion and weight.

Equilibrium:

The ability to know and control the position of the body in relation to the surface of the earth.

Sound localization:

The ability to determine the direction and distance of the source of sound in relation to the position of the body.

MENTAL-SENSORY ABILITIES LISTED AND DEFINED

Physical orientation:

- a. *Within surrounding areas*. The ability to find and keep one's bearing within one's auditory horizon.
- b. *Within work space*. The ability to discern the location of and the relationship between points of reference within the work space.

Coordination:

- a. *Bi-manual*. The ability to move both hands so as to maintain any desired relationship between them.
- b. *Hand-foot*. The ability to move the hands and feet, in any combination, so as to maintain any desired relationship between them.
- c. *General*. The ability to move any or all parts of the body in any combination so as to maintain any desired relationship between them.

Manipulative ability:

- a. *Finger dexterity*. The ability to manipulate a finger or fingers purposefully and effectively.
- b. *Manual dexterity*. The ability to manipulate one or both hands purposefully and effectively.

Tactual perception:

The ability to distinguish temperature, texture and contour by touch.

MENTAL ABILITIES LISTED AND DEFINED

Constructive imagination:

The ability to synthesize the separate components of an object so as to

obtain a correct conception of its construction or to obtain such a conception by relating some of the components of the object to its function.

Retention:

The ability to preserve knowledge and developed abilities so as to make recall or recognition possible and relearning easier than the learning of new material.

Learning ability:

The thoroughness and facility with which knowledge is acquired and abilities are developed.

Imaging ability:

The ability to represent in the mind a person, place or thing by past or present sensory experience and accompanying feeling.

RATING SCALE FOR SENSORY AND MENTAL ABILITIES

In considering the development of a practical scale for rating the sensory and mental abilities important to the functioning of blind persons, the committee recognized the necessity of selecting a specific representative area. After some deliberation it was agreed that the vocational area was the one which afforded the most definite levels of functioning. It also felt that on the one hand performance in the vocational area is representative of an individual's general level of functioning and on the other hand the vocational level on which he can function determines to a large measure his level of functioning in the general areas of personal and social performance.

RATING SCALE

Rating symbols:

- "5" Sufficiently superior to constitute a special vocational asset.
- "4" Adequate to meet the demands of employment under fully competitive conditions on jobs in which the ability rated is a primary requirement for success.
- "3" Adequate to meet the demands of employment under full competitive conditions on jobs in which the ability rated is a secondary requirement for success or to meet the demands of employment in a special workshop for the blind on jobs in which the ability rated is a primary requirement for success.
- "2" Sufficient to meet the demands for employment under special conditions where only minimum level performance is required in the ability rated.
- "1" Sufficiently limited to constitute a disability.

SUGGESTED METHODS FOR DETERMINING AND DEVELOPING SENSORY AND MENTAL ABILITIES

The methods that follow are intended to be merely suggestive. Time has not permitted the outlining of such methods in detail.

Olfactory:

1. Identify collected samples of various substances with distinctive odors.
2. Identify stores, manufacturing plants, etc., by their distinctive odors.
3. Move toward the source of distinctive odors.

Note: Encourage the development of this ability in home economics, personal grooming, etc.

Kinesthetic ability, perception:

1. Simultaneous comparison of the weight of two articles.
2. The simultaneous comparison of articles of either similar or different shapes.
3. Simultaneous comparison of the length, breadth or depth of two articles.

Kinesthetic ability, memory:

1. Practice in learning the correct application and duration of pressure to be applied to the control of levers of machines such as drill presses, lathes, sewing machines, typewriters, mechanical juicers, hand looms, etc.
2. Grade sticks according to length without touching more than one at a time.
3. Estimating the lineal measure of selected articles.
4. Walk a given distance, stop, then attempt to walk a similar distance. (Check the second distance against the first).
5. Note a given height and attempt to indicate same height in a different location.
6. Playing the violin or trombone.

Equilibrium:

1. Note ability to walk without weaving or staggering.
2. Stoop forward or lean to either side within normal limits and regain upright position.
3. Walk the broad side of a 1" x 4" x 16' board on the floor.
4. "Barrel walking".

Sound localization:

1. Locate dropped coins.
2. Locate squeaks and rattles in moving machinery.
3. Walk to a voice or source of sound or follow a moving sound.

Physical orientation within the surrounding area:

1. Point to or correctly indicate the location of points of reference such as bus stops, buildings, intersections, etc.
2. Point to or correctly indicate doors, windows, and pieces of furniture while standing in a room previously explored.
3. Note the readiness with which the ability to get about in a new environment is acquired.

Physical orientation within the work space:

1. Reaching *directly* while in a working position to tools, parts, bins or containers.

Coordination—bi-manual:

1. Operating hand-crank egg beater.
2. Operating a drill press fitted with a movable jig for holding work.
3. Operating a table type hand power carter's wheel.

Coordination—hand-foot:

1. Operating a floor loom.
2. Operating a kick press.
3. Operating a treadle sewing machine.

Coordination—general:

1. Jump or skip rope.
2. Saw wood (hand saw).
3. Dancing.

Manipulative ability—finger dexterity:

1. Knitting.
2. Assembly of small parts.
3. Tying shoes or string.

Manipulative ability—manual dexterity:

1. Washing and drying dishes.
2. Balling yarn.
3. Milking cows.

Tactual perception:

1. Grading abrasives.
2. Sorting cloth as to weave.
3. Testing the temperature of a baby bottle.
4. Determining proper time for taking plaster castings out of mold by checking their temperature with the hand.
5. Separate round from flat head screws or common from finishing nails.

Mental abilities—constructive imagination:

1. Assembly of objects using models such as water faucets, mortise locks, mop heads, etc.

2. Complete the assembly of partially assembled venetian blinds.
3. Complete a partially finished tinker toy or erector-set structure having a known function and purpose.
4. Thread a movie projector or sewing machine when there has been little or no previous experience.
5. Assemble a level-wind, star drag fishing reel.

Mental abilities—retention:

1. Compare current performance on a task with previous performance after an extended interval of no practice.

Mental abilities—learning:

1. Measure speed and accuracy of performance on an unfamiliar task before and after practice.

Imaging ability:

1. Have the person examine carefully a piece of unfamiliar equipment, asking him to describe or use it and note his ability to do so.
2. Identify small objects or models of large objects with which familiarity can be presumed.
3. Locate rooms, hallways, etc., on the basis of the examination of a simple representation or diagram of the area involved.

The committee suggests the term "work performance test" to be substituted for the terms "work sampling" and "job tryout" when the basic abilities of the blind people are studied in a synthetic situation. This recommendation was presented to and accepted by the whole conference at its general session.—The Editor

CASE RECORDING

The Committee on Case Recording, Committee F, was assigned the responsibility for reviewing sample case records submitted by the adjustment centers participating in the Conference. This committee was made up of members of the five basic committees. It was soon found that it was impossible to evaluate the records adequately in the limited time allotted for its work.

After considerable discussion and exploration, the committee agreed to confine its study and recommendations to that part of the case record which deals solely with the activities of the adjustment center. Since many books have been written on case recording, it was agreed that the committee would further limit its discussions to defining the purpose of case records, and to a discussion of the daily report and the periodic summary report.

After reviewing several records it was found that two types of records are kept in most centers. One deals with the daily activity of the client and is intended to be an objective, detailed report of each operation attempted. This is supplemented by a short narrative description of the reaction of the person to the activity. These reports are found to be written either in narrative style or are on forms, or a combination of both.

The second part of the record consists of periodic summaries and the final report to the referring agency. This also was found to be recorded in several different ways—by the use of forms, narrative reports and a combination of both.

PURPOSE

It was determined that the purpose of a case record is threefold:

1. To individualize the person, his problems and his needs.
2. As the results of objective observation, to record the daily activities of the individual whereby a body of factual data is developed for final evaluation and recommendations.
3. To evaluate the program and the services of the center.

DAILY RECORD

The purpose of a daily report to be made by each staff member in an adjustment center is to record *what* the client did, *why* he did it and *how* it was done.

To record this information, two types of recording are prevalent. The committee feels that there are advantages and disadvantages to both types of these records.

Forms and check-lists—disadvantages:

1. Forms are ambiguous when trying to describe intangible characteristics such as personality traits.
2. Observations are restricted to the items listed on the forms. This may close the staff member's mind to positive or negative factors not listed which have a bearing on the future evaluation.
3. The tendency is to mark every item on the form whether or not it applies to that particular person; the need to complete the form tends

to give an incomplete picture of the individual's responses to a situation. It also tends toward generalization rather than individualization.

Forms and check lists—advantages:

1. Forms that list tangible and specific items may conserve the time of the staff member.
2. Listing of tangible items acts as a reminder of observations to be made.
3. A form facilitates comparison of performance.
4. A form brings into clear focus the strengths and weaknesses of the individual.

Narrative reports—disadvantages:

1. Preparing a narrative report is time consuming.
2. A narrative report may be ambiguous and verbose.
3. Narrative reports may result in a poor organization of material.
4. There is a tendency to color facts with opinion.
5. Narrative reports may give inadequate interpretation of observations.

Narrative reports—advantages:

1. A narrative report is the best means whereby intangibles in an individual's diagnosis may be described.
2. A narrative report affords a better understanding of the individual.
3. A narrative report points up and interprets the problems, needs and assets of the individual.
4. Assists the staff members to arrive at a workable plan which will benefit the individual.
5. It makes for closer and keener observation of the individual by the practitioner.

Recommendations:

1. That daily reports be a combination of narrative type and form type record. The form type of record be used when recording concrete items describing performance such as in physical activities—push ups, pull ups, etc., production rates and other concrete activities.

The narrative report is best used to describe reactions of the individual to a situation, personality traits, work performance, travel training and other activities, which cannot be adequately described by a single word.

2. A narrative report of each day's activities should be recorded by the end of the day.

3. Although the narrative report should be brief it should be factual and complete, yet it should be comprehensive enough to include all necessary factual information pertinent to the problem in hand.

PERIODIC SUMMARY REPORT

The purpose of a periodic summary is to coordinate the factual information gathered in the daily reports, thereby providing a means to evaluate the progress and the potentialities of the person.

1. Identify the problems and the needs of the client upon admittance to the center.
2. Summarize the activities in which he participated during the period.
3. Note his progress or lack of progress in these activities.
4. Recommendations for further treatment.
5. Summarize psychological and psycho-metric diagnosis.

TERMINOLOGY

Committee G, which was responsible for the clarification of terminology used in adjustment center programs prepared the glossary which follows.

Client: One served by or one who utilizes the services of an individual, agency, or institution, with or without charge; a patient or case.

Trainee: One who is in the process of being trained.

Student: A person engaged in study; one devoted to learning; a learner or a scholar; one who attends a school or who seeks knowledge from teachers or books; one who studies or examines in any manner.

Recommendation:

The committee assumes that an adjustment center provides services in addition to training, such as evaluation, social services, recreation and so on, that all activities do not involve a pupil-teacher relationship and that all activities do not require the pursuit of knowledge. Therefore, other things being equal, the committee believes the term "client" as most appropriate in referring to blind persons attending an adjustment center.

Adjustment: The establishing of a satisfactory dynamic relationship between personal needs and desires and the requirements of the environment.

Orientation: The determination or sense of one's position with relation to environment, or to the same particular person, thing, time, place, field of knowledge and so on.

Recommendation:

The committee recommends, when possible, the use of an adjective to identify the specific of the environment to which the person's position is being related.

Diagnosis:

A process of logical thinking whereby the counselor culls out from a mass of data the relevant and irrelevant facts, weighs one datum against another, synthesizes the reliable and valid data into a composite of the assets and liabilities of the individual, identifies the individual problem (s) and tentatively suggests the probable cause (s) of the problem (s).

Evaluation:

To ascertain the value or amount of—to appraise carefully.
For further definitions of terms, see committee reports.—The Editor

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Adjustment centers for the blind,
Spring Mill Conference, Feb. 1951.

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